

MONTANA LEGISLATIVE HISTORY

Chapter 544 1983

Bill H 284 S _____ Original bill & history X c

H. Committee on HUMAN SERVICES S. Committee on PUBLIC HEALTH

Hearing Date(s) 2/2 X c

Hearing Date(s) 3/14 X c

EXEC. ACTION 2/11 X c

3/21 X c

_____ c

EXEC. ACTION 3/23 X c

_____ c

_____ c

Date Out _____ c

Did this bill originate in an interim committee? _____ Yes _____ No

Committee _____

Report _____

Just referred to Senate Rules - no minutes

GOVERNMENTS TO AGREE TO WORK MORE THAN 8 HOURS A DAY AND TO AGREE TO A 14-DAY, 80-HOUR WORK PERIOD AND BY ALLOWING FIRE DEPARTMENT EMPLOYEES TO WORK A MUTUALLY AGREED WORKDAY OR SHIFT AND WORK PERIOD; AMENDING SECTIONS

INTRODUCED: 01/17/83
REFERRED TO COMMITTEE ON LABOR & EMPLOYMENT RELATIONS: 01/17/83
HEARING: 1/25/83
REPORT: 02/18/83, DO PASS, AS AMENDED
2ND READING: 02/21/83, DO PASS, AS AMENDED AYES: 95; NAYS: 1
3RD READING: 02/23/83, DO PASS AYES: 99; NAYS: 1

TRANSMITTED TO SENATE: 02/23/83
REFERRED TO COMMITTEE ON LABOR & EMPLOYMENT RELATIONS: 3/1/83
HEARING: 3/17/83
REPORT: 03/24/83, BE CONCURRED IN, AS AMENDED
2ND READING: 03/25/83 AYES: 48; NAYS: 1
3RD READING: 03/28/83 AYES: 41; NAYS: 6

RETURNED TO HOUSE WITH AMENDMENTS: 03/28/83
2ND READING: 04/01/83, BE NOT CONCURRED IN AYES: 77; NAYS: 5

CONFERENCE COMMITTEE APPOINTED: 04/01/83

CONFERENCE COMMITTEE REPORT: 4/16/83

HOUSE
2ND READING: 4/18/83, ADOPTED AYES: 99; NAYS: 0
3RD READING: 04/18/83, ADOPTED AYES: 98; NAYS: 0

SENATE
2ND READING: 04/18/83, BE ADOPTED AYES: 49; NAYS: 0
3RD READING: 04/19/83, BE ADOPTED AYES: 47; NAYS: 0

TRANSMITTED TO GOVERNOR: 4/21/83
SIGNED: 4/27/83, CHAPTER 640

HB 282 -- KADAS, MARBUT, HAMMOND, ET AL. -- ALLOWING THE TRUSTEES OF A RURAL FIRE DISTRICT TO ADOPT FIRE CODES AND RULES, CONDUCT FIRE SAFETY INSPECTIONS, ISSUE FIRE SAFETY PERMITS, AND CHARGE A FEE FOR ISSUANCE OF A PERMIT; ESTABLISHING A FIRE SAFETY FUND FOR RURAL FIRE DISTRICTS EXERCISING FIRE SAFETY PERMIT AUTHORITY; AMENDING SECTION ...; AND PROVIDING AN EFFECTIVE DATE.

INTRODUCED: 01/18/83
REFERRED TO COMMITTEE ON LOCAL GOVERNMENT: 01/18/83
HEARING: 2/8/83
REPORT: 02/21/83, DO PASS, AS AMENDED
2ND READING: 02/22/83, DO PASS AYES: 84; NAYS: 10
3RD READING: 02/23/83, DO PASS AYES: 90; NAYS: 10

TRANSMITTED TO SENATE: 02/23/83
REFERRED TO COMMITTEE ON LOCAL GOVERNMENT: 3/1/83
HEARING: 3/17/83
REPORT: 03/21/83, BE NOT CONCURRED IN. REPORT ADOPTED.
BILL KILLED

HB 283 -- WINSLOW, THOMAS, MENAHAN, ET AL. -- PLACING A LIMIT ON POLITICAL COMMITTEE CAMPAIGN CONTRIBUTIONS; LIMITING EXPENDITURES FOR ELECTIVE OFFICES; REQUIRING THE

REPORTING TO THE COMMISSIONER OF POLITICAL PRACTICES OF IN-KIND SERVICES PROVIDED BY POLITICAL COMMITTEES; AND REQUIRING REPORTS TO INCLUDE COPIES OF CERTAIN MAILINGS; AMENDING SECTIONS

INTRODUCED: 01/18/83
REFERRED TO COMMITTEE ON STATE ADMINISTRATION: 01/18/83
HEARING: 2/8/83
2ND READING: 02/23/83, DO PASS, AS AMENDED AYES: 87; NAYS: 10
3RD READING: 02/23/83, DO PASS AYES: 79; NAYS: 13

TRANSMITTED TO SENATE: 02/23/83
REFERRED TO COMMITTEE ON STATE ADMINISTRATION: 03/01/83
HEARING: 3/22/83
REPORT: 3/24/83, BE CONCURRED IN, AS AMENDED
2ND READING: 3/25/83, BE CONCURRED IN, AS AMENDED
3RD READING: 03/28/83 AYES: 20; NAYS: 27
BILL KILLED

284 -- WINSLOW, BERGENE, LORY, ET AL. -- TO PROVIDE FOR THE MANDATORY LICENSING AND REGULATION OF MASTERS OF SOCIAL WORK; CREATING A STATE BOARD OF MASTERS OF SOCIAL WORK; CREATING A COMMUNICATIONS PRIVILEGE; PROVIDING FOR VIOLATIONS AND PENALTIES; AND ALLOWING DISABILITY AND HEALTH INSURANCE COVERAGE FOR WORK DONE BY LICENSED MASTERS OF SOCIAL WORK; AMENDING SECTIONS

INTRODUCED: 01/18/83
REFERRED TO COMMITTEE ON HUMAN SERVICES: 01/18/83
HEARING: 2/2/83
REPORT: 02/14/83, DO PASS, AS AMENDED
2ND READING: 02/16/83, DO PASS AYES: 84; NAYS: 13
3RD READING: 02/21/83, DO PASS AYES: 88; NAYS: 11
TRANSMITTED TO SENATE: 2/21/83
REFERRED TO COMMITTEE ON RULES: 3/1/83
REPORT: 03/03/83, BE CONCURRED IN
REREFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE, & SAFETY: 03/03/83
HEARING: 3/16/83
REPORT: 3/24/83, BE NOT CONCURRED IN, AS AMENDED, FAILED AYES: 21; NAYS: 24

ON MOTION, 3/24/83, THAT THE BILL BE PRINTED AND PLACED ON 2ND READING. MOTION PASSED UNANIMOUSLY.

ON MOTION, 3/25/83, THAT THE RULES BE TEMPORARILY SUSPENDED IN ORDER FOR THE SENATE TO CONSIDER THE BILL ON 2ND READING THIS DATE. MOTION PASSED BY THE FOLLOWING VOTE: AYES: 46; NAYS: 2

2ND READING: 03/25/83, AS AMENDED AYES: 25; NAYS: 24
3RD READING: 3/28/83 AYES: 28; NAYS: 21

RETURNED TO HOUSE WITH AMENDMENTS 3/28/83
2ND READING: 04/04/83, BE CONCURRED IN AYES: 86; NAYS: 0
3RD READING: 04/06/83, BE CONCURRED IN AYES: 91; NAYS: 0

TRANSMITTED TO GOVERNOR: 04/13/83
SIGNED: 04/18/83, CHAPTER 544

285 -- QUILICI, LORY -- TO APPROPRIATE MONEY TO THE DEPARTMENT OF JUSTICE FOR THE FISCAL YEAR ENDING JUNE 30, 1983, TO PROVIDE FUNDING FOR ORDERED PAY GRADE RECLASSIFICATION OF HIGHWAY PATROL OFFICERS AND UNIFORMED HIGHWAY PATROL SUPERVISORY PERSONNEL; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

HOUSE BILL NO. 284

INTRODUCED BY WINSLOW, BERGENE, LORY, ADDY, KITSELMAN,
DOZIER, VINCENT, MARKS, J. BROWN, SAUNDERS, J. JENSEN,
ECK, KOLSTAD, TOWE, OCHSNER, JACOBSON, HAFPEY,
BOYLEAN, MARBUT, WILLIAMS

HOUSE HUMAN SERVICES COMMITTEE

IN THE HOUSE

January 18, 1983	Introduced and referred to Committee on Human Services.
January 19, 1983	On motion by Chief Sponsor Representatives Williams and Addy added as sponsors to the bill.
February 1, 1983	On motion by Chief Sponsor Senators Kolstad, Towe, et al added as sponsors to the bill.
February 14, 1983	Committee recommend bill do pass as amended. Report adopted. Statement of Intent attached.
February 15, 1983	Bill printed and placed on members' desks.
February 16, 1983	Second reading, do pass.
February 19, 1983	Considered correctly engrossed.
February 21, 1983	Third reading, passed. Transmitted to Senate.

IN THE SENATE

March 1, 1983	Introduced and referred to Committee on Rules.
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March 3, 1983	Referred to Committee on Public Health, Welfare and Safety.
March 24, 1983	On motion ordered printed and placed on second reading.
March 25, 1983	Second reading, concurred in as amended.
March 26, 1983	On motion standing committee amendments remain on HB 284.
March 28, 1983	Third reading, concurred in. Ayes, 28; Nays, 21.

IN THE HOUSE

March 28, 1983	Returned to House with amendments.
April 1, 1983	Second reading, pass consideration.
April 4, 1983	Second reading, amendments concurred in.
April 6, 1983	Third reading, amendments concurred in.
	Sent to enrolling.
	Reported correctly enrolled.

House BILL NO. *284*

INTRODUCED BY

Winston Bergene
J. Jensen *Ed* *Vincent Mahr* *J. Brown* *Samuel*

A BILL FOR AN ACT ENTITLED: "AN ACT TO PROVIDE FOR THE MANDATORY LICENSING AND REGULATION OF MASTERS OF SOCIAL WORK; CREATING A STATE BOARD OF MASTERS OF SOCIAL WORK; CREATING A COMMUNICATIONS PRIVILEGE; PROVIDING FOR VIOLATIONS AND PENALTIES; AND ALLOWING DISABILITY AND HEALTH INSURANCE COVERAGE FOR WORK DONE BY LICENSED MASTERS OF SOCIAL WORK; AMENDING SECTIONS 33-22-111 AND 33-30-101, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Board of masters of social work. (1) The governor shall appoint a board of masters of social work consisting of five members. Each member must have a master of social work degree, and:

(a) one member must be in the private practice of social work;

(b) one member must be employed by a state social service agency;

(c) one member must be in the private practice of mental health;

(d) one member must be an educator in the field of social work; and

(e) one member must be appointed from and represent the general public and may not be engaged in social work.

(2) The board is allocated to the department for administrative purposes only as prescribed in 2-15-121.

(3) The board is designated a quasi-judicial board. Members are appointed, serve, and are subject to removal in accordance with 2-15-124.

NEW SECTION. Section 2. Purpose. The legislature finds and declares that because the profession of social work profoundly affect the lives of people of this state it is the purpose of [sections 2 through 13] to provide for the common good by insuring ethical, qualified, and professional practice of social work. [Sections 2 through 13] and the rules promulgated under [section 4] set standards of qualification, education, training, and experience and will establish professional ethics for those who seek to engage in the practice of social work as masters of social work.

NEW SECTION. Section 3. Definitions. As used in [sections 2 through 13]:

(1) "Board" means the board of masters of social work established under [section 1].

(2) "Department" means the department of commerce.

(3) "Licensee" means a person licensed under [sections 2 through 13].

(4) "Psychotherapy" means the use of psychosocial

1 methods within a professional relationship to assist a
 2 person to achieve a better psychosocial adaptation and to
 3 modify internal and external conditions that affect
 4 individuals, groups, or families in respect to behavior,
 5 emotions, and thinking concerning their interpersonal
 6 processes.

7 (5) "Social work" means the professional practice
 8 directed toward helping people achieve more adequate,
 9 satisfying, and productive social adjustments. The practice
 10 of social work involves special knowledge of social
 11 resources, human capabilities, and the roles that individual
 12 motivation and social influences play in determining
 13 behavior and involves the application of social work
 14 techniques, including but not limited to:

15 (a) counseling and using psychotherapy with
 16 individuals, families, or groups;

17 (b) providing information and referral services;

18 (c) providing, arranging, or supervising the provision
 19 of social services;

20 (d) explaining and interpreting the psychosocial
 21 aspects in the situations of individuals, families, or
 22 groups;

23 (e) helping communities to organize to provide or
 24 improve social and health services; and

25 (f) research or teaching related to social work.

1 NEW SECTION. Section 4. Duties of board. The board
 2 shall:

3 (1) recommend amendments to [sections 2 through 13] to
 4 the governor or the legislature, or both;

5 (2) recommend prosecutions for violations of [section
 6 13] to the attorney general or the appropriate county
 7 attorneys, or both;

8 (3) annually publish a list of the names and addresses
 9 of all persons who are licensed masters of social work;

10 (4) establish requirements for continuing education
 11 that are a condition of license renewal;

12 (5) meet at least once every 3 months to perform the
 13 duties described in this section. The board may, once a
 14 year by a consensus of its members, determine that there is
 15 no necessity for a board meeting.

16 (6) distribute a copy of the ethical standards to the
 17 certified masters of social work; and

18 (7) adopt rules that set professional, practice, and
 19 ethical standards for licensed masters of social work and
 20 such other rules as may be reasonably necessary for the
 21 administration of [sections 2 through 13].

22 NEW SECTION. Section 5. Representation to public as
 23 licensed master of social work -- limitations on use of
 24 title. (1) No person may represent himself to be a licensed
 25 master of social work by adding the letters "LMSW" after his

name or by any other means unless licensed under [sections 2 through 13].

(2) Subsection (1) does not prohibit:

(a) qualified members of other professions such as physicians, psychologists, lawyers, pastoral counselors, or educators from doing social work consistent with their training if they do not hold themselves out to the public by a title or description incorporating the words "social work" or "social worker";

(b) activities, services, and use of an official title by a person in the employ of a federal, state, county, or municipal agency or an educational, research, or charitable institution which are a part of the duties of the office or position;

(c) activities and services of an employee of a business establishment performed solely for the benefit of the establishment's employees;

(d) activities and services of a student, intern, or resident in social work pursuing a course of study at an accredited university or college or working in a generally recognized training center if the activities and services constitute a part of the supervised course of study;

(e) activities and services of a person who is not a resident of this state, which services are rendered for a period that does not exceed, in the aggregate, 60 days

during a calendar year if the person is authorized under the law of the state or country of residence to perform such activities and services. However, such persons shall report to the department the nature and extent of the activities and services if they exceed 10 days in a calendar year.

(f) pending disposition of the application for a license, activities and services by a person who has recently become a resident of this state, has applied for a license within 90 days of taking up residency in this state, and is licensed to perform such activities and services in the state of his former residence.

NEW SECTION. Section 6. License requirements -- exemptions. (1) A license applicant shall satisfactorily complete an examination prepared and administered by the board, except that during the 365-day period following the effective date of [sections 2 through 13] a license must be granted without examination if the requirements of subsection (2) are met.

(2) Before an applicant may take the examination, he shall present three letters of reference from social workers or members of an allied profession who have knowledge of the applicant's professional performance and demonstrate to the board that he:

(a) has a doctorate or master's degree in social work from a program accredited by the council on social work

education or approved by the board of masters of social work;

(b) has accumulated 3,000 hours of practice in social work within the past 5 years; and

(c) abides by the social work ethical standards adopted under [section 4].

(3) An applicant who has failed the examination may reapply to take the examination.

(4) An applicant is exempt from the examination requirement if he satisfies the board that he is licensed, certified, or registered under the laws of a state or territory of the United States that imposes substantially the same requirements as [sections 2 through 13] and that he has passed an examination similar to that required by the board.

NEW SECTION. Section 7. Fees. (1) Each applicant for a license shall, upon submitting his application to the board, pay an application fee set by the board equal to the cost of processing the application.

(2) Each applicant for a license required to take an examination shall, prior to commencement of the examination, pay an examination fee set by the board equal to the cost of administering the examination.

(3) Each applicant shall, prior to receipt of a license or license renewal, pay a fee set by the board equal

to the cost of issuing a license.

(4) Subject to 37-1-101(6), money paid for application, examination, license, and license renewal fees must be deposited in an earmarked revenue fund for the use of the board.

NEW SECTION. Section 8. Issuance, effective date, and display of license. (1) Upon successful completion of the examination required by [section 6] or upon demonstration by a person that he is exempt from examination and has otherwise fulfilled the requirements of [section 6], the applicant must be issued a license attesting to the date and fact of licensure. The license is effective on the date of issuance and expires 2 years after that date.

(2) The license must be displayed in the registrant's place of business or employment.

NEW SECTION. Section 9. Renewal of license. (1) An application for renewal of an existing license made within 60 days after the expiration of the license is timely, and the rights and privileges of the applicant during that period remain in effect.

(2) Application for renewal must be made upon a form provided by the department. A renewal license must be issued upon payment of a renewal fee set by the board and upon submitting proof of completion of continuing education requirements.

1 NEW SECTION. Section 10. Grounds for revocation,
2 suspension, or refusal to renew license. The board may
3 reprimand a licensee or revoke, suspend, or refuse to renew
4 the license of a licensee found to have committed:

5 (1) fraud or deceit in obtaining a license or license
6 renewal;

7 (2) gross negligence, incompetency, or misconduct in
8 the practice of social work as a licensed master of social
9 work;

10 (3) a felony;

11 (4) a violation of the rules for licensed masters of
12 social work adopted by the board;

13 (5) a misdemeanor under [section 13]; or

14 (6) any of the following unprofessional acts:

15 (a) misrepresentation of the type or status of his
16 license;

17 (b) intentionally or recklessly causing physical or
18 emotional harm to a client;

19 (c) misrepresentation of his professional
20 qualifications, affiliations, or purposes;

21 (d) sexual relations with a client, solicitation of
22 sexual relations with a client, sexual misconduct, or a sex
23 offense if such act, offense, or solicitation is
24 substantially related to the qualifications, functions, or
25 duties of the licensee;

1 (e) performance of or representation of his ability to
2 perform professional services beyond his field or fields of
3 competence, as established by his education, training, and
4 experience;

5 (f) failure to maintain the confidentiality, except as
6 otherwise required or permitted by law, of all information
7 received from a client during the course of treatment and
8 all information about the client obtained from tests or
9 other means;

10 (g) prior to the commencement of treatment, failure to
11 disclose to a client or prospective client the fee to be
12 charged for professional services or the basis upon which
13 such fee will be computed; or

14 (h) advertising in a manner that is false or
15 misleading.

16 NEW SECTION. Section 11. Procedure for charging
17 violation. (1) Any member of the board or other person may
18 charge a licensee with a violation of [section 10]. The
19 charge must be made by affidavit and subscribed and sworn to
20 by the person making it and filed with the department. The
21 charge must be investigated by the board and, unless the
22 board dismisses the charge after investigation as unfounded
23 or trivial, the board must act on the charge within 6 months
24 after the date on which the charge was filed. The board is
25 considered to have acted on a charge if it has given notice

by mail to the licensee of its intent to reprimand him or revoke, suspend, or refuse to renew his license and the notice contains those matters required by 2-4-601.

(2) Any hearing on the charge must be held before all five members of the board and must be conducted in accordance with 37-1-121(1) and the Montana Administrative Procedure Act.

NEW SECTION. Section 12. Privileged communications -- exceptions. A licensee may not disclose any information he acquires from clients consulting him in his professional capacity except:

(1) with the written consent of the client or, in the case of the client's death or mental incapacity, with the written consent of the client's personal representative or guardian;

(2) that he need not treat as confidential a communication otherwise confidential that reveals the contemplation of a crime by the client or any other person or that in his professional opinion reveals a threat of imminent harm to the client or others;

(3) that if the client is a minor and information acquired by the licensee indicates that the client was the victim of a crime, the licensee may be required to testify fully in relation thereto in any investigation, trial, or other legal proceeding in which the commission of such crime

is the subject of inquiry;

(4) that if the client or his personal representative or guardian brings an action against a licensee for a claim arising out of the social worker-client relationship, the client is considered to have waived any privilege;

(5) to the extent that the privilege is otherwise waived by the client; and

(6) as may otherwise be required by law.

NEW SECTION. Section 13. Violations -- penalties. (1) It is a misdemeanor for a person to:

(a) represent himself as a licensed master of social work without being licensed under [sections 2 through 13];

(b) obtain or attempt to obtain a license or license renewal by bribery or fraudulent representation; or

(c) knowingly make a false statement on any form used by the board to implement [sections 2 through 13] or the rules adopted under [sections 2 through 13].

(2) A person convicted under this section shall be imprisoned in the county jail for a period not exceeding 6 months or fined not more than \$500, or both. A person convicted of a second offense under this section shall be punished by both such fine and imprisonment.

Section 14. Section 33-22-111, MCA, is amended to read:

"33-22-111. Policies to provide for freedom of choice

1 of practitioners — professional practice not enlarged. (1)
 2 All policies of disability insurance, including individual,
 3 group, and blanket policies and all policies insuring the
 4 payment of compensation under the Workers' Compensation Act
 5 shall provide the insured shall have full freedom of choice
 6 in the selection of any duly licensed physician, dentist,
 7 osteopath, chiropractor, optometrist, chiropodist, or
 8 psychologist, or master of social work for treatment of any
 9 illness or injury within the scope and limitations of his
 10 practice. Whenever such policies insure against the expense
 11 of drugs, the insured shall have full freedom of choice in
 12 the selection of any duly licensed and registered
 13 pharmacist.

14 (2) Nothing in this section shall be construed as
 15 enlarging the scope and limitations of practice of any of
 16 the licensed professions enumerated in subsection (1); nor
 17 shall this section be construed as amending, altering, or
 18 repealing any statutes relating to the licensing or use of
 19 hospitals."

20 Section 15. Section 33-30-101, MCA, is amended to
 21 read:

22 "33-30-101. Definitions. As used in this chapter, the
 23 following definitions apply:

24 (1) "Health service corporation" means a nonprofit
 25 corporation organized or operating for the purposes of

1 establishing and operating a nonprofit plan or plans under
 2 which prepaid hospital care, medical-surgical care, and
 3 other health care and services, or reimbursement therefor,
 4 may be furnished to a member or beneficiary.

5 (2) "Health services" means the health care and
 6 services provided by hospitals or other health care
 7 institutions, organizations, associations, or groups and by
 8 doctors of medicine, osteopathy, dentistry, chiropractic,
 9 optometry, and podiatry; nursing services; licensed masters
 10 of social work; medical appliances, equipment, and supplies;
 11 drugs, medicines, ambulance services, and other therapeutic
 12 services and supplies.

13 (3) "Membership contract" means any agreement,
 14 contract, or certificate by which a health service
 15 corporation describes the health services or benefits
 16 provided to its members or beneficiaries."

17 NEW SECTION. Section 16. Codification instruction.
 18 Section 1 is intended to be codified as an integral part of
 19 Title 2, chapter 15, part 18, and the provisions of Title 2,
 20 chapter 15, apply to section 1.

21 NEW SECTION. Section 17. Severability. If a part of
 22 this act is invalid, all valid parts that are severable from
 23 the invalid part remain in effect. If a part of this act is
 24 invalid in one or more of its applications, the part remains
 25 in effect in all valid applications that are severable from

STATE OF MONTANA

152-83

REQUEST NO.

FISCAL NOTE

Form BD-15

In compliance with a written request received January 19, 19 83, there is hereby submitted a Fiscal Note for House Bill 284 pursuant to Title 5, Chapter 4, Part 2 of the Montana Code Annotated (MCA).

Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members of the Legislature upon request.

DESCRIPTION OF PROPOSED LEGISLATION:

House Bill 284 provides for the mandatory licensing and regulation of Masters of Social Work; creates a State Board of Masters of Social Work; creates a communications privilege; provides for violations and penalties; allows disability and health insurance coverage for work done by licensed masters of Social Work; and amends Sections 33-22-111 and 33-30-101, MCA.

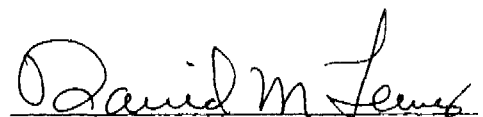
ASSUMPTIONS:

- 1) Assume 5 members attend 4 meetings per year at a rate of \$25 compensation per day for a total of 35 meeting days per year, plus mileage and per diem.
- 2) Assume 23 pages of rules with notices at \$13.50 per page for total of \$31.50.
- 3) Assume .10 FTE (Grade 10, step 2) for administrative assistance.
- 4) Assume use of professional exam service at cost of \$35 per exam (1983 cost).
- 5) Assume 200 licensees first year, 10-20 new applicants per year thereafter.
- 6) Assume license costs commensurate with costs of operating expenses.
- 7) Biennial renewals in odd-numbered years will reflect increased revenues in even-numbered fiscal years and decreased revenues in odd-numbered fiscal years.

FISCAL IMPACT:

	<u>FY84</u>	<u>FY85</u>
Revenue:	\$24,000	\$3,300
Expenditures:	<u>(9,700)</u>	<u>(9,250)</u>
Total Impact to Earmarked Revenue	<u>\$14,300</u>	<u>\$(5,950)</u>

FISCAL NOTE 6:H/1



BUDGET DIRECTOR

Office of Budget and Program Planning

Date: 1-25-83

MINUTES OF THE MEETING OF THE HUMAN SERVICES COMMITTEE
February 2, 1983

The meeting of the Human Services Committee was called to order by Chairman Marjorie Hart, February 2, 1983, 12:30 p.m., in Room 224A of the Capitol Building. All members were present.

HOUSE BILL 284. REP. WINSLOW, sponsor, stated that this bill is almost identical to the bill that was introduced last time which provided for licensing for professionals having the Masters of Social Work. Amendments and Statement of Intent were passed out (EXHIBITS 1 and 2) along with an explanation of social work licensing (EXHIBIT 3). He said that the Masters of Social Work is one of the five groups that are accredited in the mental health area. They are psychiatrists (M.D.'s), psychoanalysts, clinical psychologists, clinical social workers and psychiatric nurses. By providing a licensing board, it will provide a mechanism of maintaining quality care in providing for the consumer to receive third-party payments from insurance companies. At the present time, it is possible for a Masters of Social Work to work half a day at a mental health center and the other half day on their own in private practice. The half day that they work in the mental health center, they are reimbursed for their work. The same kind of work is done down the street by a private practitioner. Even though it may be prescribed by a physician, they can receive no reimbursement for the service because there is not a licensing process in the state.

PROPOSERS:

SHARON HANTON, Executive Director of the Montana Chapter of the National Association of Social Workers, stated they were endorsing HOUSE BILL 284 because we know that it will provide greater protection to the public. Other strong arguments for licensing master level social workers are their involvement in the hospice movement and home care for the elderly. Hospice makes possible the option for patients, terminally ill, to return or remain in their homes (EXHIBIT 4).

DAVID BRIGGS, Executive Director of the Montana Council of Regional Mental Health Center Boards, read a letter of support from John G. Nesbo, Chairman, Council of Montana Community Mental Health Center Boards, Inc. (EXHIBIT 5).

DR. BAILEY MOLINEUX, representing the Montana Psychological Association, spoke in favor of the bill. His one question was on page 14, subsection 2, under health services, licensed psychologists are not included whereas they are included under the "Freedom of Choice", Section 13. He asked how would they go about having licensed psychologists included under the subject. He proposed this item as an amendment.

ANDREE DELIGDISCH, a clinical social worker employed by the North Central Montana Community Mental Health Center in Great Falls, Montana, spoke in favor of HOUSE BILL 284. The two areas she was concerned with were the issue of confidentiality and the setting forth of fairly rigorous performance and ethical standards for Masters of Social Work practice (EXHIBIT 6).

OPPONENTS:

IRVING E. DAYTON, Commissioner of Higher Education, stated that the university system takes a neutral position in relation to third-party payments. He had one very serious reservation about this bill and support for the bill is conditioned upon getting that remedied. We have established a technical Masters of Social Work. The academic degree, Master of Social Work, is a very well recognized degree offered by academic institutions for two years of work beyond the Bachelor's degree. What you are doing here is having a state certification which uses this accepted and understood title and, in his opinion, would be a source of incredible amounts of confusion and misrepresentation. Mr. Dayton suggested that the second reading copy of HOUSE BILL 554 of the previous session, which had been amended to the satisfaction of the university system using either "certified social worker" or "licensed social worker" be perused. In the previous bill, the Board was the State Board of Social Work Examiners. In this bill, it is the State Board of Masters of Social Work. I would ask that you put in the amendments to get this Masters of Social Work out except when it refers to an accepted academic degree. If the amendments are made, they will support the bill.

TOM HARRISON, representing Blue Cross, stated this bill seems to be a part of a package of bills started in various houses to accomplish an end we would advocate as undesirable. SENATE BILL 107 was drafted with the thought that this bill, HOUSE BILL 284, would pass; and yet it picks up "social workers" in Section 2-(2)-(d). In addition, it makes the change which REP. WINSLOW represented in this bill, which is correct. This bill puts it in as an optional benefit: SENATE BILL 107 converts it to a mandated benefit. I would like to address them as the two interrelate. He didn't think people realized that the other bill is coming to accomplish exactly the opposite what this bill seems to represent on its face. As you increase mandated and requisite benefits, this bill picks up nurse practitioners, licensed drug counselors, licensed Masters of Social Work, increases the drug dependency benefits, triples the alcoholism treatment benefits and makes them all mandated. The mandated portion is just an increase in premium. There is no negotiation

on it; it is passed along to the consuming public and we don't think that that is a good thing. We think that anything that is done in concert with this bill makes it harder for them to negotiate on their own behalf. He felt both bills should be addressed together.

MARY LOU GARRETT, Department of Commerce, did not support or oppose the bill (EXHIBIT 7).

JAN VANRIPER, Assistant Bureau Chief with the Division of Workers' Compensation, opposed HOUSE BILL 284. She stated that this addition will raise the cost of workers' compensation coverage to Montana employers without justification and that the bill has every indication of causing a rise in premiums (EXHIBIT 8).

STUART L. KELLNER, Blue Shield, appeared in opposition to HOUSE BILL 284. He stated there would be a cost increase. His second concern was with those provisions of the bill that did not mandate coverage. Other bills that have been introduced in this session are SENATE BILL 70, which provides that a nurse specialist will be included under the Freedom of Choice Act; SENATE BILL 107, which was previously mentioned; and SENATE BILL 274, which would do for professional counselors what this bill will do for social workers. He stated it takes the option away from the consumer and forces upon him choices he may not want to make or may not be able to afford to make.

LES LOBLE, representing the American Council of Life Insurance, opposed Sections 14 and 15 of HOUSE BILL 284 which adds "Masters of Social Work" and "licensed Masters of Social Work" as in the Freedom of Choice provision. He asked that that part of the bill be amended out.

REP. WINSLOW closed by saying he was amazed at all the insurance companies in force talking about something that is going to be optional. They are automatically saying there are going to be increased costs because somebody is going to a social worker and be reimbursed for it. He stated we are discouraging people from getting the proper type of care when these people are trying to give it. If a psychiatrist prescribes it, insurance companies cover that. The letter that was returned from the insurance company said that they were not mandated to pay because the social worker was not licensed in the State of Montana. If they don't get the proper care, we are going to pay for it later. He was also concerned about the Chamber of Commerce saying that two boards are being set up that are quite similar. He said there was a very close relationship between counseling at the Masters of Social Work level and one

doing psychotherapy. In the future, there will be a Behavioral Sciences Board; and, hopefully, these decisions will be decided by the over-all board. He felt that it was important that we maintain quality of care for those who are doing this work; but, he stated, if the Committee is hung up on insurance, that section could come out.

QUESTIONS:

REP. MENAHAN TO MR. DAYTON: The University at Bozeman has two types of Masters of Social Work. What is the distinction between the two programs.

MR. DAYTON: Montana University has never offered a Masters of Social Work. John Bowers had a Bachelor's program.

REP. MENAHAN: When you go on to the Master's degree, aren't there two types--a practicing degree and the other is a door-knocker.

MR. DAYTON: The degree of Master of Social Work is a professional practice degree. It is conceivable that a person could get a research degree--Master of Science in Psychology or Human Services, which would be devoted to research rather than providing services.

REP. MENAHAN: What is the difference between a social worker or a psychiatrist.

MR. DAYTON: A psychiatrist is an M.D.; a psychologist has to have a PH.D. in Clinical Psychology.

REP. MENAHAN: What is the distinction between a social worker and a psychologist.

ANDREE DELIGDISCH: Psychologists do a lot of testing. Masters of Social Work cannot administer tests. The work of counseling or psychotherapy does very often intersect.

REP. MENAHAN: Could we combine these two programs.

MR. DAYTON: They do not do the same thing. They overlap.

REP. MENAHAN: When does somebody need a social worker.

REP. WINSLOW: You have probably talked to people who have been to a social worker but they are called a therapist. Most of those people have a Masters of Social Work degree.

REP. SEIFERT: What educational requirements are needed to get a degree in social work.

REP. WINSLOW: Four years plus a two years graduate program. This licensing board would require 10,000 hours of experience and 4,000 hours of supervised experience.

REP. MENAHAN: If we pass this law, how are the people in the field now going to get a license. The answer was that the standards will be the same for the people in the field now and the new individuals coming in.

REP. DOZIER: Have there been any studies done in relation to mental health to physical health.

HAROLD JENKINS passed out a fact sheet with information pertaining to this question (EXHIBIT 9).

REP. SEIFERT: If you have a private practice in social work, how do you regulate your fees.

HAROLD JENKINS: We have a regular rate of \$35 per hour.

REP. BRAND to SHARON HANTON: There are currently eight people in the WICHE program. How many people in the WICHE program have come back to Montana.

It was explained that the program that Ms. Hanton referred to did not involve the WICHE program. Different states pick programs that are unique and let people from other states in at in-state fees. We send no Montana money after these people.

REP. WINSLOW: By our ignoring this issue, we are hampering social work as a profession. The only place they can work here is for a mental health center.

REP. BRAND: How many people are we talking about.

REP. WINSLOW: About 150.

REP. BRAND: The opponents say it is going to cost more to providers and also to the insurance companies. You are saying it is going to cost less. Who is right?

REP. WINSLOW: It is impossible to say at this point.

REP. BRAND to ANDREE DELIGDISCH: You testified about being a counselor and discussed the confidentiality between you and your client. One of the problems was child abuse to be reported. Do you really feel that should be confidential between you and your client?

ANDREE DELIGDISCH: No, it should not. And the point I was trying to make is that even though this bill would give us privileged communication, we are mandated by the law in some instances to give information.

REP. FABREGA: How much enthusiasm will the proponents lose if everyone has to take the examination.

REP. WINSLOW: I don't think that would be any problem.

CHAIRMAN HART closed the hearing on HOUSE BILL 284.

STATEMENT OF INTENT
____ Bill No. ____ [LC 450]

Section 4 requires the Board of Masters of Social Work to adopt rules setting professional, practice, and ethical standards for licensed masters of social work, establish continuing education requirements, and adopt such other rules as are necessary for the regulation of licensed masters of social work. The Legislature perceives a need to regulate persons holding themselves out as having a master's degree in social work or using the title of master of social work. Consumers of social worker's services are entitled to adequate regulation of those services in the public interest. It is contemplated that the Board may promulgate rules that:

(1) protect the public from abuse of the trust placed in social workers;

(2) regulate the day-to-day practices of masters of social work;

(3) ensure a professional attitude and professional work in a professional atmosphere;

(4) regulate fees charged for services;

(5) regulate testing devices and methods used by masters of social work;

(6) regulate counseling techniques;

(7) determine the type, amount, and quality of continuing education of masters of social work; and

(8) are otherwise necessary to the regulation of the profession.

AMENDMENTS FOR HB 284

LIST OF ADDITIONS AND DELETIONS TO BE INCLUDED IN HB 284

PAGE 1 LINES 22 and 23 (Section 1 (c))

ORIGINAL READING: one member must be in the private practice of mental health;

PROPOSED CHANGE: one member must be in the medical or social welfare field;

PAGE 4 LINE 17 (Section 4 (6))

ORIGINAL READING: distribute a copy of the ethical standards of the certified masters of social work; and

PROPOSED CHANGE: distribute a copy of the ethical standards to the licensed masters of social work; and

PAGE 5 LINES 4 through 9 (Section 5 (a))

ORIGINAL READING: qualified members of other professions such as physicians, psychologists, lawyers, pastoral counselors, educators from doing social work consistent with their training if they do not hold themselves out to the public by a title or description incorporating the words "social work" or "social worker";

PROPOSED CHANGE: qualified members of other professions such as physicians, psychologists, lawyers, pastoral counselors, educators or the general public engaged in social work like activities.

PAGE 7 LINE 3 (Section 6 (b))

ORIGINAL READING: has accumulated 3,000 hours of practice in social work within the past 5 years; and

PROPOSED CHANGE: has accumulated 3,000 hours of practice in psychotherapy within the past 5 years; and

PAGE 1 LINE 16 (Section 1 (1))

ORIGINAL READING: The governor shall appoint a board of masters of social work consisting of five members. Five members must have a master of social work degree, and:

PROPOSED CHANGE: The governor shall appoint a board of masters of social work consisting of five members. Four members must have a master of social work degree, and one member must be appointed from and represent the general public and may not be engaged in social work.

PAGE 5 LINES 15-17 (Section 3 (c))

ORIGINAL READING: activities and services of an employee of a business establishment performed solely for the benefit of the establishment's employees;

PROPOSED CHANGE: activities and services of an employer of a business establishment from performing social work like activities solely for the benefit of the establishment's employees;

ANSWERS TO QUESTIONS STATE LEGISLATORS ASK ABOUT SOCIAL WORK LICENSING

A RESPONSE TO QUESTIONS PROPOSED BY THE
COUNCIL OF STATE GOVERNMENTS IN
OCCUPATIONAL LICENSING:
QUESTIONS A LEGISLATOR SHOULD ASK.

National Association of Social Workers
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Introduction

State licensure of persons to engage in an occupation or profession has come under increasing question in recent years as state legislators more critically examine just which activities state government should be involved in and which activities should be left outside governmental control. In 1978, the Council of State Governments prepared a booklet titled "Occupational Licensing: Questions a Legislator Should Ask,"¹ which has been widely used by state legislators in studying both new bills proposing the regulation of currently unregulated groups and in considering whether existing laws regulating an occupation or profession are justified.

¹ Shinberg, Benjamin, and Roederer, Doug. *Occupational Licensing: Questions a Legislator Should Ask*. Lexington, Ky.: The Council of State Governments, 1978.

The following "Answers to Questions Legislators Should Ask About Social Work Licensing" is a response to these questions. The National Association of Social Workers believes that the questions are valid and that they represent a major advance for the public interest in making government more effective and efficient. We believe that social workers, as professional practitioners carrying important responsibilities for the lives and well-being of people, should be accountable to the public for their actions in serving vulnerable and often defenseless or dependent adults and children. We believe that a serious consideration of the reasons for regulating who may engage in the practice of social work will conclude that such regulation is in the public interest.

#1. What is the problem? Has the public been harmed because social workers have not been regulated?

Because social workers serve people in so many ways, the extent of harm to the public's health, safety, or economic well-being that is caused by incompetent or improper practice has never been appreciated. The actions, or failure to act, of a social worker often have significant effects on the health, mental health, and well-being of both individual clients and family groups. Social workers are responsible for such matters as:

- decisions to remove or return children to their home;
- the placement of children outside their own family;
- determining if a child is in risk of physical or sexual abuse;
- ensuring that a mentally ill patient or a retarded adult can leave an institution with plans for sound care;
- providing mature and constructive counseling to emotionally distressed individuals and families; and
- helping people make decisions about their lives in a countless number of other ways.

It is *because* a client is vulnerable, or has been hurt, that the social worker is involved and has been given the task of helping. Failure to help, whether through incompetence or irresponsibility, is a serious matter to thousands of persons every day whose well-being depends upon the ability of a social worker.

Because most social workers, up to recent years, have practiced as employees of public and private (voluntary) agencies, there has been little attempt made to hold social workers legally accountable for malpractice, but with the growing number of social workers in private or independent practice, suits by persons who have been harmed through malpractice are increasing. Most of the people who have been served by social workers are the clients of government or voluntary agencies. There is increasing concern for the effectiveness of these programs, which are often staffed by workers without any professional social work training or education.

Exposes by the news media and by investigating committees repeatedly document the inadequacy and sometimes fatal consequences of poor practices in programs and institutions where so-called "social workers" have responsibility for service. But little changes, because both civil service and other employers continue to hire people who do not have the professional knowledge or skill to know what their clients need or how to help them. Unfortunately, it is probable that most of the instances of harm to the public resulting from the actions of untrained and incompetent "social workers" are never known, but are suffered in silence by dependent, defenseless clients. Most members of the public, at one time or another, have heard about or experienced how a so-called "social worker" can take advantage of (or just plain fail to help) a distressed or vulnerable client. And if they believe the social worker is wrong, they have had no place to take the complaint.

Yes, the public has been greatly harmed by the services of ill prepared and incapable persons acting as social workers, and the economic burden of social services which do not give effective aid is a serious social problem. Social services are a major public and private investment by our society designed to alleviate distress and assist people to provide better for themselves. There is every reason to believe that large amounts of public and voluntary funds spent for "social services" have been wasted because such services were being provided by ill-equipped, even if well-meaning, persons.

How do you measure the harm done to a bewildered mother whose life and responsibilities threaten to overwhelm her and whose plea for help is not understood by an ill-equipped "social worker"? What about the lasting impact on the children where such a family breaks up? How do you measure the harm to a child in foster care who goes from failure to failure because no responsible "social worker" was able to understand how to help? Or the harm to all those people who reach out for help but do not receive it?

#2. Who are the users of social work services? Are they able to evaluate the qualifications of those offering social work services?

Most of the persons receiving social work services are clients of public programs, such as services providing care to children, counseling to the mentally distressed or troubled, and protective functions. Such clients literally have no choice about who "serves" them and rarely would they have any basis for evaluating qualifications. But large numbers of persons also use social work services in hospitals, mental health clinics, from private practitioners, and, increasingly, in programs conducted by employers to assist employees with alcoholism or other family problems. Without some form of licensing, clients and potential clients of social work services have no basis for understanding the qualifications of those persons presenting themselves as "social workers." In recent years, there has been a very large number of people graduating from college and university programs at every level from Associate of Arts (2 year college programs), BA (4 years) and MA (1 or 2 post-

graduate study). These programs carry a variety of titles, such as "Counselling," "Mental Health," "Human Service," but they are not accredited professional programs, meeting nationally recognized professional educational standards. Social work programs are accredited by the federally sanctioned Council on Social Work Education.

Nevertheless, the great bulk of the graduates of these non-social work programs seek employment and are hired in social service agencies. At best such programs offer only a "book knowledge" of their fields. In no way do they prepare graduates to assume responsibility for helping clients make significant decisions about their life, nor do they assess the actual *practice competence* of their students. The major professional helping disciplines (e.g., medicine, social work, psychology) incorporate supervised practice in the process of professional education.

#3. What is the extent of autonomy of social work practice? How much skill and experience is required in social work? What kind of "supervision" is there?

Social workers practice both as salaried employees and as independent therapists and consultants. While some form of "supervision" is involved in any type of salaried employment, social workers are characterized by the high degree of independent judgment vested in even beginning level workers. Social work practice requires confidentiality and privacy in contacts between the social worker and client; even closely supervised practice involves contacts that are entirely private and therefore subject only to later supervisory review.

Beginning level social workers are frequently involved in highly emotional, challenging situations, such as in child abuse investiga-

tions, and a high level of mature, informed judgment is needed. Both definite professional skills and prior experience during professional training are needed for entry into the field.

Experienced salaried social workers normally work under administrative supervision, using professional supervision only on a consultant basis. Supervisors in social work should be licensed or regulated in the same way as the practitioners they supervise.

Social workers practicing as independent therapists or consultants function autonomously, even though they might use consultation with a colleague or other professional, such as a psychiatrist, where such expertise is needed.

#4. What efforts have been made to address problems that occur in social work practice? Is there a code of ethics? Are there complaint handling procedures? Are these effective in protecting the public?

There is a Code of Ethics promulgated by the National Association of Social Workers, a voluntary professional membership organization of some 80,000 members, and the NASW does have a well organized procedure for handling complaints of unethical conduct. However, the effectiveness is limited because *only* members of the association can be made accountable and because the most severe "discipline" (censure or termination of membership in NASW) possible may not prevent continued practice by an unethical social worker. Moreover, this professional peer review of ethical conduct is not a review of *competence* and so does not provide an adequate forum for handling disputes between practitioners and the public.

The NASW Code of Ethics is widely recognized and accepted in the field of social work and social services as the primary ethical guide or standard. This demonstrates the readiness of the profession to observe such standards. It is estimated that of the nearly 350,000 persons employed in a social service capacity, only 150,000 are *trained* social workers and, therefore, eligible for membership in NASW. The fact is that the field has large numbers of persons employed as "social workers" who lack the necessary training and have little or no awareness of the profession's ethical and other practice standards. Thus, the only way to ensure full accountability of persons practicing social work is through state regulation covering all such practitioners.

#5. Is there a nongovernmental certification program that would assist the public in identifying qualified practitioners?

There are several such programs for voluntary certification in social work but they provide certification only for certain advanced levels of social work practice. They do not provide an adequate guide to the public and to clients about the great bulk of social workers now practicing.

The major voluntary certification program is the ACADEMY OF CERTIFIED SOCIAL WORKERS, which requires membership in the National Association of Social Workers, two years of postgraduate social work experience, and a written examination. It was developed to provide a voluntary identification of practitioners qualified to practice independently and

as supervisors. In 1979, some 45,000 persons held the ACSW certification.

Social workers in private or independent clinical social work practice can also be certified and listed in the national Register of Clinical Social Workers, which is primarily designed as a guide to the public and to insurance companies using the services of social work therapists and consultants.

There is no certification program for the great majority of persons employed as social workers. Most civil service social workers are not required to be trained social workers, and the public now has no means of knowing whether "social workers" in public agencies are, in fact, professionally qualified.

(6)

#6. Could existing laws or standards solve the problem? Would strengthening existing regulations help?

Existing laws covering unfair trade practices, consumer protection, deceptive advertising, etc., have little or no applicability to the practice of social work. This is primarily because most practice is by agency employees operating on a non-profit basis and not usually subject to the various trade and commerce regulations. Civil law protections are, of course, applicable in certain situations but do not provide any assurance of *quality* in the practice of social work or a protection against

mistreatment. Without the standards set by a state regulatory act, there is little basis for effective malpractice litigation.

Strengthening state regulation of such institutions and facilities as hospitals, nursing homes, day care centers, etc., would help but, again, without state recognized standards of qualification and with no procedure to monitor practice, there are no standards to follow. Also, such increased regulation would cover only a limited number of social workers.

#7. Have alternatives to licensure been considered? Registration by a state agency? Certification of competence by other than the profession?

Several alternatives to licensing of social work practice have been tried in some states, but found inadequate as a means of protecting the public. One alternative—registration on a voluntary basis by practitioners—is effective only where such registration can serve as a guide to members of the public in selecting a qualified practitioner. Because most social work clients are not voluntary but are served by a public or private agency program, the client is not helped by knowing that a social worker is or is not "registered" by the state. Also, such registration is voluntary and to *not* be registered does not mean that an agency employee is not qualified.

Other alternatives are the ACSW and *The Register of Clinical Social Workers*. These existing certification programs are, of course, operated by the social work profession. Certification of competence by other than the profession does not in fact exist for any profession or occupation simply because a certifying body would have to be competent in the profession in order to make such a determination. NASW supports the increased use of lay members on boards and proposes their appointment on all state regulatory boards in order to ensure effective public participation in monitoring professional practice.

Accountability and effective standards set-

ting for a profession that is practiced as widely and in so many different types of settings as social work can only be successfully carried out through a basic licensure law, which covers all settings and requires mandatory participation of all practitioners.

In the past, it was expected that state civil service systems, and such agency-related organizations as the United Way and Family Service Association of America, would establish and maintain standards of professional quality and would adequately protect the public in providing services to them. In fact this has not proved to be the case, as state civil service systems in most states have not established standards for ensuring the quality of service and have taken no measures to ensure the accountability of their social work employees to their clientele. Private agencies, such as those affiliated with the FSAA or Child Welfare League of America, are more responsive to public criticism but the field of social welfare and services in recent years has come to incorporate many new agencies that use "social workers" and "counselors" but recognize no professional standards. The public has no way of knowing what standards, if any, such agencies follow, or how they hold their social work staff accountable for the quality of services given.

#8. How will the public benefit from licensing of social work practice? What standards would be used? Are they job related? Will they ensure competence?

The public stands to benefit from the licensure of social work practice because such a law will ensure that those persons who the client and public see and deal with, and who make decisions about their lives, or who intervene to protect a child's life, or to whom they turn when troubled and wanting sound counseling, will have had the training needed to be able to understand and to help, and can be held accountable for their actions as social workers.

- Licensing will establish state recognized standards which can be in turn recognized by other state agencies and reduce wasteful studies and disputes about social work services in state regulated activities.

The social work profession over the years has developed standards that are widely recognized in practice and that are job related because they are derived from experience on the job. Specific standards and regulations are, of course, established by each licensing board but those states currently that have regulatory acts share information through the Association of State Boards of Social Work, an independent organization formed by these state boards. The NASW strongly supports the concept of interstate mobility of professionals and reciprocity that is based on nationally recognized standards.

- Licensing will end the confusion caused by the proliferation of job titles and varied training and experience backgrounds by recognizing standards for which social workers, regardless of background or training, will be held accountable;
- Licensing will create an easily accessible forum in which a client can raise charges of malpractice and unethical conduct;

#9. What training and experience requirements would exist? Are they similar to those of other states?

The licensure of social work practice should be based on the accredited professional training that is now recognized by the profession as beginning with the Bachelors in Social Work (BSW). This degree, accredited by the Council on Social Work Education, is offered in over 180 colleges and universities in nearly every state in the nation. The second level of professional practice is achieved through the Masters in Social Work (MSW) or an equivalent graduate degree accredited by the Council on Social Work Education (CSWE). There are currently about 90 accredited Master's programs. The CSWE is designated by the federal Department of Education as the single accrediting body authorized for social work education. These standards are recognized by federal regulations for Medicare and, as of March 1980, in proposed guidelines for all state child welfare services.

Licensure to engage in independent or private practice of social work, as a therapist or consultant, requires two years of post-MSW social work experience and the passing of an examination to assess the applicant's breadth of knowledge and professional judgment. Frequently, an oral examination or other means of demonstrating competence is also required.

These standards for education and experience are recognized by the majority of those twenty-three states that regulate social work. Some states do not include a baccalaureate level, but the NASW strongly believes that this level of initial professional practice is critical to the objective of protection of the public because, in fact, more clients are served by practitioners at this level than at any other level.

(8)

#10. Will applicants be required to pass an examination? Will the exam meet professional and legal testing standards?

It is the position of NASW that some form of assessment of competence and professional knowledge should be required in addition to possession of a degree. In practice, most states now use some form of written test but these vary in their quality.

The NASW, using the professional expertise

of the Educational Testing Service, has prepared nationally available examinations for the baccalaureate, master's, and advanced levels of practice. These tests meet legal and professional standards and their validity is under continuing review.

#11. What assurance would there be that licensed practitioners will maintain their competence? Will renewal be required?

The law licensing social work practice should require periodic evidence of continued professional learning. Most recent acts regulating social work do have such provisions. A total of eight states regulating social work now require this.

All social work regulatory acts do require periodic renewal and the NASW supports this important aspect of ensuring that a commit-

ment to professional development is maintained. Renewal should not be based merely on the payment of a fee. The NASW believes that continuing professional learning is extremely important, particularly in view of the fact that the enactment of licensing may "grandparent in" practitioners who have not had accredited social work education.

#12. How will complaints of the public against practitioners be handled? What grounds will there be for suspension or revocation of license?

Complaints of improper conduct or malpractice are usually made directly to the state board; which should have investigating staff available to handle the complaint promptly.

The Board created by the law should be empowered to conduct a hearing, with full due process safeguards for all parties, and to act without undue delay in any disciplinary action required.

Suspension or revocation of the license—and therefore of the right to practice—may be based on a number of grounds, including unprofessional conduct, inability to render adequate professional service, or unethical conduct.

The NASW believes that one of the most important reasons for enacting licensure is the accountability it provides to the public.

#13. Will licensure restrict competition? Will the profession unduly restrict entry to practice? Will it increase costs to the public? Or decrease service available?

These questions of economic impact are not applicable to the practice of social work, which is largely carried out by non-profit organizations and public agencies, and only to a lesser degree by private practitioners. Because, as noted before, enactment of licensure usually entails the grandparenting in of a number of persons already in practice, there is no way that the law can have a restrictive impact. For future applicants and entrants, the requirements for professional education are neither burdensome (since existing accredited programs are producing adequate numbers of graduates and are available in nearly every state) nor unfair (since the practice of social work does require the knowledge and skills provided in these accredited programs). Also, since there are a significantly higher proportion of minority graduates in social work than in other related fields, the job related requirement of a social work degree acts to reinforce affirmative action objectives. The serious problem faced by many members of minority groups in financing a college education of any kind is not a factor here, as social work employment generally requires at least a college level education. It is important to bear in mind that licensure of *social work practice* does not mean that *all* types of *social service work* would require a license. There is a great need for many social service positions not requiring a college degree and for which other forms of training and experience are appropriate.

Because there is no economic restriction involved in the licensing of social work practice, there has been no cost or economic impact following the passage of laws regulating social work. In all states having regulation, there has continued to be a surplus of qualified persons and there is no reason to foresee any change in this situation.

A problem for all professional disciplines is the tendency of members to move toward

metropolitan areas, leaving shortages in the rural and inner-city areas of a state. Social workers tend to be more widely dispersed than other professionals (psychologists, psychiatrists) and the licensing of the BSW social worker, particularly, could make opportunities available that will attract licensed social workers to the under-served areas.

Also, since in practice the fees charged by social workers being reimbursed for mental health services as private practitioners generally are less than the fees charged by psychiatrists, physicians, and many clinical psychologists, the real economic impact of the increased use of social workers has been to retard or reduce the costs to insurance companies of mental health coverage, and thus ultimately to slow down the cost spiral. Experience shows that licensure of social workers does increase their participation in providing mental health services and the lack of licensure tends to exclude their participation.

Other charges of unfair restriction or of negative impact by licensing have also been shown to be unfounded. The advertisement of professional services has generally been accepted by professions today as valid and appropriate, as long as it is honest and does not include "scare" tactics or exaggerated claims. It is also clear that the primary professional organization, NASW, as a voluntary membership organization, does not in any sense "control" the profession, and therefore cannot control the supply of practitioners.

The existing "scope of practice" clauses incorporated in laws regulating social work provide a broad definition and do not interfere with the right of other professions to provide those services for which they are qualified. Specific exemptions are usually included to recognize those other professions and occupations regulated by the state.

(10)

#14. Will the regulatory body be restricted to social workers? What powers would it have? Will its actions be subject to review?

NASW has consistently supported the inclusion of lay or public interest representation on boards regulating social work, and almost all existing boards do include non-social worker members. In recent years, there has developed another form of regulatory body, the "umbrella" board, which administers the licensure law covering several related professions—for instance, psychology and social work. On such a board, there should be major, not token, public interest representation.

The regulatory board's powers should be spelled out in the legislation. Usually it includes the authority to promulgate regulations necessary to administer the law, to establish

standards of professional performance and ethics, to examine applicants, and to consider complaints by the public against licensed social workers. Where there is an umbrella board covering more than one profession, each profession evaluates the applications of its own discipline.

Many states also bring their regulatory bodies under a single department which establishes overall standards and administrative procedures. Many states now have Sunset laws which provide for periodic performance audits of each regulatory board and provide for their termination if not found justified or in the public interest.

#15. How is the regulatory board financed? How are fees set? How are the funds administered?

Boards regulating social work are uniformly financed entirely from the fees paid by the licensees, which, in many cases, provide a regular surplus to the state treasury. Many state laws set maximum or minimum amounts for the fees to be charged, and permit the board to revise the fee schedule within those limits. This procedure is the most practical one and appears to work best. Fees should not be set in

specific terms by a state law because they are not then subject to change as needed to finance the administration of the law.

Most laws, however, do provide that all fees be paid into the state treasury. The board's administrative costs are paid under an appropriated budget acted on in the regular legislative process.

#16. Who is sponsoring the licensure of social workers? What organizations are there in the profession? What is their position on licensing?

The licensure of social workers in all states is a goal of the National Association of Social Workers, the primary professional organization representing trained social workers. For many years, after the development of the social work profession, while the other major professions, such as medicine, law and psychology, were establishing state licensing for their respective professions, social workers resisted the concept of seeking state regulation because of

their concern that such regulation would prove restrictive, rather than helpful, and that other professions had not adequately demonstrated that such regulation was in the public's interest.

By 1968, however, fundamental changes in our nation's system of providing social services have eroded and seriously undercut the actual delivery of vital services which require sound professional education and preparation. It

11

became all too clear that the best means of ensuring quality in the delivery of social services was to seek regulatory laws requiring persons engaging in and responsible for the provision of services having critical impact on the life and social functioning of others to be professionally trained and fully accountable to the client and the public. Since then, NASW has firmly pursued the goal of legal regulation as a necessary measure to ensure adequate quality in social services on which so many people depend for a chance at a better life.

Other professional social work organizations also support and are active in seeking licensure. The National Federation of State Societies of Clinical Social Workers, most of whose members are social workers engaged in psychotherapeutic services, is an important factor in this effort.

Another major professional group is the Society of Hospital Social Work Directors. They strongly support the need to ensure the social workers in medical and psychiatric settings are fully trained to carry their important roles as a helping professional discipline in the treatment of illness and encouragement of healthful living.

The National Association of Black Social Workers has not supported licensing out of their concern that insufficient numbers of blacks are able to secure the requisite professional education and their fear that state regulation will entail some degree of state control. While it is certainly true that continuing racism and economic discrimination is a problem in our society, the fact is that schools of social work have strongly recruited and graduated blacks and persons of other minority and ethnic groups. Thus, these minorities are more highly represented in social work than in other professions. The very fact that social workers direct so large a portion of their work to assisting people in need and helping them combat the effects of discrimination ensures that social work as a profession needs the knowledge and commitment of members of all minorities and ethnic groups if we, as a society, are to succeed in eliminating all forms of discrimination. And far from being a tool of increased state control, the participation of Blacks and other minority and ethnic groups on state boards of social work offers a new opportunity to enforce accountability and increase the consumer's influence in the delivery of social services in this country.

#17. Why is the profession of social work seeking licensure? Is it self interest? Or public interest?

Many of the responses to other questions in this booklet speak to this question, but the basic reason is that we have become convinced it is necessary for the profession to be regulated in order to ensure that clients receive competent and ethical help in dealing with their problems. It is important to understand that the great majority of clients receiving social work help *have no choice about who is to be their social worker*. And where they do have a choice, such as when seeking psychotherapy or marital counseling, the consumer is in no position to effectively judge the possible competence of the therapist. The consumer, or client's, need to be assured of capable service is the basic reason why the social work profession is seeking regulation.

It would, however, be less than honest to deny that social workers have a real and legitimate self interest in achieving the same type of legal and social recognition that the other major, learned professions have obtained. One of the major changes in our society has been the increasing use of insurance as a primary means of providing personal services; in fact, a major portion of mental health care in this country is now provided through such insurance and, of course, hospital and health services which so often involve social workers are also heavily supported by insurance systems. To ensure quality in the services paid for, insurance companies demand that providers, such as social workers, have some objective form of certifying their competence. State

licensing is the primary way in which all such professions are certified for practice, and therefore, social work should be so regulated.

A third important fact is that social workers practice in a larger number and variety of settings, organizations, and institutions than does any other profession. There simply is no way to ensure a minimum of professional quality apart from that provided by licensing. This is dramatically illustrated in the confusion that

now exists in the public mind about what a social worker is, what he or she does, and what a client should expect in the way of service.

It is our conviction that providing competent social work help requires professional education. Experience shows the only way to ensure that persons giving services are capable is to establish minimum standards for practice. Such regulation is essential for the public, as well as for the profession.

TESTIMONY BEFORE THE HEALTH AND WELFARE SUBCOMMITTEE HB 284

I am Sharon Hanton, Executive Director of the Montana Chapter of the National Association of Social Workers. There are approximately 300 master level social workers in Montana. Of that number 126 are members of our organization. We are endorsing HB 284 because we know that it will provide greater protection to the public. Presently anyone can call themselves a social worker. HB 284 would require that anyone holding themselves out to the public as a master of social work would have to show proof of education, training and adherence to the professional Code of Ethics by obtaining a license. Clients would be protected in the area of privileged communication. Presently, a social worker can summons to court and made to testify regarding a client. This puts the social worker in the bind of having to divulge information which was regarded by the client to be confidential. This bill addresses privileged communication and properly protects the client. The bill does not preclude private citizens from doing work of a social work nature; such as being a boy scout leader or an employer counseling an employee.

Other strong arguments for licensing master level social workers are their involvement in the hospice movement and home care for the elderly. Hospice makes possible the option for patients, terminally ill, to return or remain in their homes. Here they are cared for by their families with the help of a backup support team consisting of a nurse, social worker and volunteers. The patient remains under the immediate care of the physician. With social workers being licensed, the patient can use insurance to cover costs of their services. Costs to patient and insurance companies, including medicaid and medicare, are considerably less when the patient can be in his home. Another area in which licensing will help Montanans is home care for the elderly. We know that the number of elderly in Montana is growing. Many of their children have moved out of State. More women are working and less available to look in on a neighbor. The children of the elderly worry about their parents. They know that they are better off in their own homes. They would like someone to be giving them an assessment of the situation. A social worker is trained to do this work. A license would protect these elder Montanans by making visible who is qualified to do this work. Future, employment projections indicate that many social workers providing these services will be in private practice. Without a license law in Montana, there will be no way of monitoring situations in which unethical behavior maybe involved.

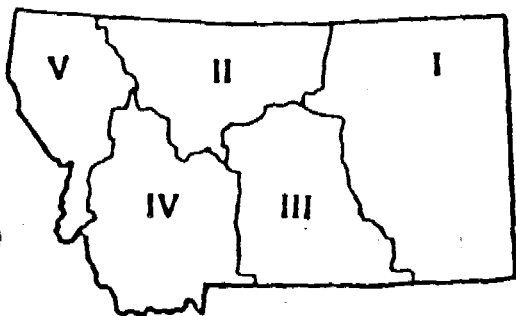
The bill addresses only master level social workers. Social workers with bachelors degrees usually work in agencies which monitor their performance and behavior. Many master level social workers are moving into private practice. Presently there are between 30 and 35 in private practice. Their number is growing. There is no way to monitor unethical behavior. Clients are often fearful or reluctant to press charges. And unless they do, there is presently no other recourse.

Some legislators have expressed concern that the bill licenses master level social workers but there is no educational program in Montana for this degree. Several years ago an attempt was made to begin a master of social work program at the University of Montana. The idea was defeated in the legislature. Montana is now a member of the WICHE program. This allows Montana residents to pay in state tuition fees at Eastern Washington University School of Social Work. Presently, 8 Montanans are in that program.

HB 284 established a licensing board. However, we endorse the behavioral scient board that is being introduced in this legislative session. We are willing to make modifications in our bill to be placed under this umbrella board.

Finally, clients receiving services from a licensed social worker are more likely to be able to collect on their insurance. Licensing would give clients the option of choosing the services of a social worker and using insurance to cover the costs. In a study done by CHAMPUS, Civilian Health and Medican Program of the Uniformed Services, it was found that making clinical social workers eligible for CHAMPUS reimbursements without the signature and supervision of a physician, saved the insurance company \$253,000 between December 1980 and March 1982. Similar conclusions can probably be made regarding svaings in Medicaid and private insurance companies as well as the non-insured client. This savings is related to the fees charged by social workers verses psychologists and psychiatrists.

~~We hope that upon consideration of these issues you will~~
vote for HB 284



Montana Council of Regional Mental Health Boards, Inc.

January 25, 1983

Human Services Committee
House of Representatives
Helena, Montana

Dear Chairperson:

The Council of Montana Community Mental Health Center Boards, Incorporated, strongly endorses HB-284 which provides for the licensing of Masters of Social Work.

The licensing of Masters of Social Work provide for a number of critically important benefits to the general public. It will protect the clients' rights to confidentiality and privacy. Licensing will enable consumers to clearly identify social work practitioners with acceptable credentials, thereby, reducing the possibility of consumer exploitation. Additionally, licensing will further the development of quality services by setting standards for social work practitioners. Finally, the licensure bill will give the consumer an avenue for redress for malpractice.

In addition to the benefits and protections offered the general public through licensure, the profession also benefits through a greater understanding on the part of the public of what social workers do.

We kindly ask for your support of this important piece of legislation.

Sincerely,

John Nesbo, Chairman
Council of Montana Community Mental Health Center Boards, Inc.

JN/sc

REGION I — EASTERN

819 Main Street
Helena City MT 59301
(406-232-0234)

REGION II — NORTH CENTRAL

2307 Eleventh Avenue South
Great Falls, MT 59403
(727-2991)

REGION III — SOUTH CENTRAL

1245 North 29th Street
Billings MT 59101
(252-5658)

REGION IV — SOUTHWEST

Airport Way West Building Suite A
1300 Cedar Street
Helena MT 59601
(442-0310)

REGION V — WESTERN

Fort Missoula T-12
Missoula MT 59801
(728-6870)

February 2, 1983

Testimony before the House Human Services Committee.

House Bill 284 (Master of Social Work licensure bill)

I am Andree Deligdisch, and I am a Clinical Social Worker employed by the North Central Montana Community Mental Health Center in Great Falls, Montana.

I am speaking in support of House Bill 284, and in support of establishing licensure for Masters of Social Work in Montana.

I want particularly to speak to two issues addressed by this bill :

1. the first one is the issue of confidentiality. At present many masters of social work do therapeutic counselling, either in Mental Health Centers or in private practice. In the course of providing therapy we often receive from our clients very personal and sensitive information. Although we protect this information as much as possible, at present we do not have "privileged communication" protection under the law. We can be subpoenaed in a court of law and we can be ordered to disclose information. This bill would extend to us, the social worker, privileged communication protection. It will provide much better confidentiality to the client.

We will still be obligated to report information mandated by law to be reportable, such as child abuse.

2. Secondly, the bill will set forth fairly rigorous performance and ethical standards for Masters of Social Work practice. As more of us move into private practice (as is presently happening) it becomes all the more important to the public that there are controls and performance standards as a protection for the public.

I want to thank you for your time and attention, and I hope you can support House Bill 284

Andree Deligdisch
Andree Deligdisch

WITNESS STATEMENT

Name Mary Lou Piersall Committee On Human Services
Address Helena Date 2-2-83
Representing Dept of Commerce Support Neither
Bill No. HB 284 Oppose _____
Amend _____

AFTER TESTIFYING, PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

1.

2.

3.

4.

Itemize the main argument or points of your testimony. This will assist the committee secretary with her minutes.

DEPARTMENT OF COMMERCE



TED SCHWINDEN, GOVERNOR

1424 9TH AVENUE
CAPITOL STATION

STATE OF MONTANA

HELENA, MONTANA 59620

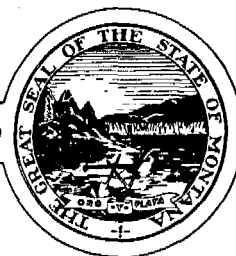
The Department of Commerce neither supports or opposes H.B. 284 to create a Board of Masters of Social Workers.

However, it is noted in H.B. 284 and S.B. 274 the language is identical except that one is to create a Board of Masters of Social Workers and S.B. 274 is to create a Board of Professional Counselors. Assuming 200 licensees per board, the Department questions if two boards are really necessary and if these two licensing functions could be placed under one board with representation on the board equal to each profession.

Ex. 8
H.B. 284



**DIVISION OF
WORKERS'
COMPENSATION**



TED SCHWINDEN, GOVERNOR

815 FRONT STREET

STATE OF MONTANA

HELENA, MONTANA 59604

2/2/83
BKA

TESTIMONY BY JAN VANRIPER ON HOUSE BILL 284, BEFORE THE HOUSE HUMAN SERVICES COMMITTEE, FEBRUARY 2, 1983.

I am Jan VanRiper, Assistant Bureau Chief with the Division of Workers' Compensation, in opposition to House Bill 284 which proposes to amend Section 33-22-111, allowing disability and health insurance coverage for work done by licensed masters of social work.

Under the existing statute, insurers providing workers' compensation coverage are required to pay for services rendered to an injured worker by a variety of health care providers. These include physicians, dentists and chiropractors, to name a few. This bill would add "master of social work" to that list of providers. The Division is concerned that this addition will raise the cost of workers' compensation coverage to Montana employers without justification.

It is obvious that each time a required service is added to insurance coverage, the cost of that coverage potentially goes up. As drafted, this bill has every indication of causing a rise in premiums. This is primarily due to the fact that the service to be provided by the social worker is ill-defined. We see, for example, that social work "...means the professional practice directed toward helping people achieve more adequate, satisfying, and productive social adjustments." (Section 3(5)). If a workers' compensation

insurer is to be required to fund such services, how will that insurer

7 determine what specific services are necessitated by an industrial injury?

For comparison and illustration, consider a situation where dental care is required due to an on-the-job injury. In such a case it is relatively simple to determine whether specific dental care is necessitated by an accident, what care is needed, and when that care is no longer appropriate (or related to the accident). This legislation allows for no such determinations with respect to services provided by social workers. The result is that the workers compensation carrier pays for nebulous services, for undetermined amounts of time, and ultimately passes these costs on to the employer.

It should be noted that there is one service which might be termed "social work", at least within this definition, and which is appropriately covered by workers' compensation insurance. That service is vocational rehabilitation, and is already addressed specifically in the Workers' Compensation Act, in 39-71-1001, MCA. That section provides for referral of certain disabled workers to the Rehabilitative Services Division of SRS. Employers in this state, through their workers compensation insurance carriers, are currently assessed one percent of compensation benefits paid per ~~year~~ for this service. This figure now approximates \$380,000 annually. Such costs would potentially be duplicated if this bill is passed.

In summary, this proposed amendment to Section 33-22-111 is inappropriate and cost-inefficient, and threatens to raise the cost of ~~workers' compensation premiums for Montana employers~~. The Division of Workers' Compensation urges that you do not pass this bill.

FACT SHEET:
EQUAL INSURANCE
COVERAGE FOR MENTAL ILLNESS

Currently, ten states regulate insurance coverage for treatment of mental and emotional problems by guaranteeing that benefits for mental illness are equal to benefits for physical illness. Most health insurance policies provide inadequate coverage for mental illness by limiting inpatient services and by providing no more than minimal outpatient services. Few, if any policies, cover partial hospitalization. Inadequate or untimely treatment of mental disorders is very costly in terms of the well-being of the individual, stability of the family and productivity in the work place. It may also result in costly and unnecessary hospitalization.

- FACT: Over 50% of the patients who go to physicians have symptoms due wholly or in part to mental or emotional factors.
- FACT: Some patients are forced to seek costly hospitalization because outpatient or partial hospitalization services are often not covered by their insurance.
- FACT: Most current insurance plans provide incentives for inpatient care by paying only for inpatient care rather than for outpatient or partial hospitalization care.
- FACT: Partial hospitalization is more effective than inpatient care in effecting client social adjustment and reducing family stress, and is comparable to inpatient care in preventing relapses.
- FACT: The cost of partial hospitalization is usually one half, to one third the cost of inpatient care.

Equal insurance coverage for mental illness will decrease medical utilization and result in a cost-offset which should save consumers money.

- FACT: Jones and Vischi reviewed 13 studies and found that decreased medical surgical utilization occurred in 12 of 13 patients when mental health care was insured. Reduction in utilization ranged from 5% to 85% with a median reduction of 20%.
- FACT: Blue Cross of Western Pennsylvania instituted psychiatric benefits and found a significant reduction in medical utilization - the monthly cost per patient was reduced 50%.
- FACT: The University of Washington Health Services Center found a 41% reduction in the use of outpatient medical services by individuals receiving mental health services.
- FACT: The Group Health Association of Washington D.C. found that patients with mental health coverage reduced their medical-surgical utilization by 30.7%.

Equality of Insurance coverage for mental illness has significant benefits for business and industry.

- FACT: Equitable Life initiated an emotional health program for employees and increased productivity by \$3.00 for every \$1.00 spent.
- FACT: Kimberly-Clark began an Employee Assistance Program and realized a 70% reduction in accidents.
- FACT: Kennecott Copper started an Employee Assistance Program and found a 6 to 1 benefit to cost ratio; a 52% improvement in attendance; a 74.6% decrease in weekly indemnity costs; and a 52.4% decrease in medical costs.

Currently most insurance policies have higher co-payments, more restrictions and lower limits for mental health care than are placed on physical illness. As a result, the mentally ill, and in some cases, the taxpayer, must bear a far greater burden for the cost of mental illness than for physical illness. Equality of insurance coverage for mental illness will ensure that the private sector shares in the cost of providing mental health, thus freeing limited state dollars to fund services for the chronically mentally ill.

- FACT: Nationwide, public funding sources provide 51% of the funds for mental health care, compared with 42% of the funds for general health care.
- FACT: Insurance coverage accounts for only 15% of the total expenditures for mental health care compared with 25% of the expenditures for general health care.
- FACT: In 1980, fee collections in mental health centers in New Hampshire increased 100% since insurance coverage for mental health care was mandated in 1977.

Equal insurance coverage for mental and nervous conditions prevents unnecessary and costly hospitalization, benefits employers, reduces medical costs by reducing utilization and saves tax dollars.

VISITORS' REGISTER

HOUSE HUMAN SERVICES

COMMITTEE

BILL HOUSE BILL 284

Date 2-2-83

SPONSOR REP. WINSLOW

NAME	RESIDENCE	REPRESENTING	SUP- PORT	OP- POSE
Barry J. Jorgensen	Helena	LDS Social Services	yes	
Walter Briggs	Helena	MHC Int'l	yes	
Barley Newman	"	MT Psychological Care	✓	
Lloyd E. Meske	Missoula	Social Services Assn	✓	
Sharon Henton	Bozeman	National Ass. Soc. Workers	✓	
B. H. Evans	Helena	Self	✓	
Andie Delphend	Great Falls	NASW -	✓	
Carol Kent	Helena	Self	✓	
James J. Dayton	"	MT University System		
James S. Van Riper	Helena	Div. of Workers' Comp		✓
J. D. Holmes	Helena	Mont Chapter, NASW	✓	
Mary Ann Lamm	Helena	Dept of Commerce	Neither	
James J. Warner	Helena	Blue Cross		✓
Stuart L. Keller	Helena	Blue Shield		✓
Les Loble	"	Arm Council of the US		✓

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

be visited, but not consecutively.

REP. WINSLOW: Would it be possible for the inspection teams to go in and do one of these inquiries so we could save some money.

REP. FARRIS: According to Mr. Hoffman, it would increase the costs. The licensing and certification are combined and there is state Medicaid and Medicare in the inspections. Two-thirds of that is paid by the federal government and one-third by the state. If we add this in, the federal government won't pay any of it. We would not be able to tie this to the annual inspections.

REP. KEYSER: What is the new fiscal note on this?

REP. FARRIS: There isn't one. The new language is conforming to the old one.

REP. FABREGA: The amendment makes the bill coincide with the fiscal note.

The motion of adopting the amendments was voted on and passed unanimously.

REP. FARRIS moved that HOUSE BILL 328 DO PASS AS AMENDED. The motion passed with REP. SOLBERG voting no.

REP. FABREGA moved DO PASS on the Statement of Intent. The motion passed unanimously.

HOUSE BILL 284

REP. WINSLOW, sponsor, moved that HOUSE BILL 284 DO PASS.

He presented the amendments and discussion followed (EXHIBIT 14).

REP. FABREGA: Just for clarification, in order to qualify to be licensed they have to have a master's degree and that is stated by how?

REP. WINSLOW: Reference was made to licensing requirements, page 6.

REP. BRAND: Are the third-party payments in the amendments?

REP. WINSLOW: No. On the top of page 13, it talks about it being listed as an optional insurance coverage.

REP. BRAND: HOUSE BILL 274 talks about professional counselors. Can you modify these amendments to handle that problem.

REP. WINSLOW. No. That is a separate bill; and, although I signed on that one, I think that is a more difficult bill to justify than this one is because that is talking about such a broad range of counselors.

REP. FABREGA: The need for this act is to allow third-parties to pay for these services. If you are not licensed, they won't pay. Is that correct.

REP. WINSLOW: That is one of the reasons. But they are not necessarily going to pay anyway.

REP. BRAND: How about the certification regarding the university system?

REP. WINSLOW: We changed that by taking out "master's of" and adding "licensed".

REP. CONNELLY moved that the amendments be adopted. The motion passed unanimously.

REP. WINSLOW moved that the Statement of Intent be accepted (EXHIBIT 15). The motion passed with REP. BRAND voting no.

REP. WINSLOW moved that HOUSE BILL 284 DO PASS AS AMENDED.

REP. HART asked if the director of the Human Resources Development Council for nine counties would be required to have a master's.

REP. WINSLOW. No.

The motion that HOUSE BILL 284 DO PASS AS AMENDED passed with REP. BRAND voting no.

HOUSE BILL 269

REP. BROWN, sponsor, moved HOUSE BILL 269 DO PASS.

REP. FABREGA passed out amendments (EXHIBIT 16). He stated that there was some concern in his mind as to what this millage was for. Testimony showed it was for programs--not for buildings. The amendment that were passed around would clarify that this millage is for training of operators.

REP. FABREGA moved that the amendments be accepted.

Amendments to House Bill 284 (Introduced copy)

1. Title, line 5.
Strike: "MANDATORY"
Strike: "MASTERS OF"
Following: "SOCIAL"
Insert: "WORKERS"

2. Title, line 6.
Following: line 6
Strike: "WORK"
Strike: "MASTERS OF"
Following: "WORK"
Insert: "EXAMINERS"

3. Title, line 9.
Strike: "MASTERS OF"

4. Title, line 10.
Strike: "WORK"

5. Page 1, line 14.
Strike: "masters of"

6. Page 1, line 15.
Following: "work"
Insert: "examiners"
Following: "board of"
Strike: "masters of"

7. Page 1, line 16.
Following: "work"
Insert: "examiners"

8. Page 1, lines 22 and 23.
Following: "the"
Strike: "private practice of mental health"
Insert: "medical or social welfare field"

9. Page 2, line 17.
Following: "work as"
Strike: "masters of"
Insert: "licensed"
Following: "masters of social"
Strike: "work"
Insert: "workers"

10. Page 2, line 20.
Following: "work"
Insert: "examiners"

11. Page 4, line 7.
Strike: "attorneys"
Insert: "attorney"

12. Page 4, line 9,
Strike: "masters of"
Following: "social"
Strike: "work"
Insert: "workers"

13. Page 4, line 23.
Strike: "master of"
Following: "social"
Strike: "work"
Insert: "worker"

14. Page 4, line 25.
Strike: "master of"
Following: "social"
Strike: "work"
Insert: "worker"
Following: "letters"
Strike: "LMSW"
Insert: "LSW"

15. Page 5, line 5.
Strike: "or"

16. Page 5, line 6.
Following: "educators"
Strike: the remainder of line 6 through line 9
Insert: "or the general public engaged in social work like activities."

17. Page 5, line 15.
Following: "an"
Strike: "employee"
Insert: "employer"

18. Page 5, line 16.
Following: "establishment"
Strike: "performed"
Insert: "from performing social work like activities"

19. Page 7, lines 1 and 2.
Strike: "of masters of social work"

20. Page 7, lines 3 and 4.
Following: "in"
Strike: "social work"
Insert: "psychotherapy"

21. Page 9, line 8.
Strike: "masters of"

22. Page 9, line 9.
Strike: "work"
Insert: "worker"

23. Page 9, line 11.
Strike: "masters of"

24. Page 9, line 12.
Strike: "work"
Insert: "workers"

25. Page 12, line 11.
Strike: "master of"

26. Page 12, line 12.
Strike: "work"
Insert: "worker"

27. Page 13, line 8.
Following: "or"
Strike: "master of"
Following: "social"
Strike: "work"
Insert: "worker"

28. Page 14, line 9.
Strike: "masters"

29. Page 14, line 10.
Following: line 10
Strike: "of"
Following: "social"
Strike: "work"
Insert: "worker"

February 11,

19 83

MR. SPEAKER

WE, YOUR COMMITTEE ON HUMAN SERVICES, HAVING HAD UNDER
CONSIDERATION HOUSE BILL NO. 284, FIRST READING COPY (WHITE),
ATTACH THE FOLLOWING STATEMENT OF INTENT:

STATEMENT OF INTENT
HOUSE BILL NO. 284

Section 4 requires the Board of Social Work Examiners to adopt rules setting professional, practice, and ethical standards for licensed social workers, establishing continuing education requirements, and adopting such other rules as are necessary for the regulation of licensed social workers. The Legislature perceives a need to regulate persons holding themselves out as having a master's degree in social work or using the title of master of social work. Consumers of social worker's services are entitled to adequate regulation of those services in the public interest. It is contemplated that the Board may promulgate rules that:

(1) protect the public from abuse of the trust placed in social workers;

(2) regulate the day-to-day practices of licensed social workers;

(3) ensure a professional attitude and professional work in a professional atmosphere;

(4) regulate fees charged for services;

(5) regulate testing devices and methods used by licensed social workers;

(6) regulate counseling techniques;

(7) determine the type, amount, and quality of continuing education of licensed social workers; and

(8) are otherwise necessary to the regulation of the profession.

STANDING COMMITTEE REPORT

HOUSE BILL 284
Page 1 of 6

February 11, 19 83

MR. SPEAKER

We, your committee on HUMAN SERVICES

having had under consideration HOUSE Bill No. 284

first reading copy (white)
color

A BILL FOR AN ACT ENTITLED: "AN ACT TO PROVIDE FOR THE MANDATORY
LICENSING AND REGULATION OF MASTERS OF SOCIAL WORK; CREATING A STATE
BOARD OF MASTERS OF SOCIAL WORK; CREATING A COMMUNICATIONS PRIVILEGE;
PROVIDING FOR VIOLATIONS AND PENALTIES; AND ALLOWING DISABILITY AND
HEALTH INSURANCE COVERAGE FOR WORK DONE BY LICENSED MASTERS OF
SOCIAL WORK; AMENDING SECTIONS 33-22-111 AND 33-30-101, MCA."

Respectfully report as follows: That HOUSE Bill No. 284

be amended as follows:

1. Title, line 5.
Strike: "MANDATORY"
Strike: "MASTERS OF"
Following: "SOCIAL"
Insert: "WORKERS"
2. Title, line 6.
Following: line 5
Strike: "WORK"
Strike: "MASTERS OF"
Following: "SOCIAL WORK"
Insert: "EXAMINERS"

XXXXXX
DO PASS

February 11, 1983

3. Title, line 9.
Strike: "MASTERS OF"

4. Title, line 10.
Following: "SOCIAL"
Strike: "WORK"
Insert: "WORKERS"

5. Page 1, line 14.
Strike: "masters of"

6. Page 1, line 15.
Following: "work"
Insert: "examiners"
Following: "board of"
Strike: "masters of"

7. Page 1, line 16.
Following: "work"
Insert: "examiners"
Following: "members."
Strike: "Each member"
Insert: "Four members"

8. Page 1, line 17.
Strike: "have a master of social work degree"
Insert: "be licensed social workers"

9. Page 1, lines 22 and 23.
Following: "the"
Strike: "private practice of mental health;"
Insert: "medical or social welfare field; and"

10. Page 1, line 25.
Following: "work"
Strike: "; and"
Insert: "."

11. Page 2, line 1.
Strike: "(e) one"
Insert: "(2) One"
ReNUMBER: subsequent subsections

12. Page 2, line 17.
Following: "work as"
Strike: "masters of"
Insert: "licensed"
Following: "masters of social"
Strike: "work"
Insert: "workers"

February 11, 1983

13. Page 2, line 20.
Following: "board of"
Strike: "masters of"
Following: "work"
Insert: "examiners"

14. Page 4, line 7.
Strike: "attorneys"
Insert: "attorney"

15. Page 4, line 9,
Strike: "masters of"
Following: "social"
Strike: "work"
Insert: "workers"

16. Page 4, line 23.
Strike: "master of"
Following: "social"
Strike: "work"
Insert: "worker"

17. Page 4, line 25.
Strike: "master of"
Following: "social"
Strike: "work"
Insert: "worker"
Following: "letters"
Strike: "LMSW"
Insert: "LSW"

18. Page 5, line 5.
Strike: "or"

19. Page 5, line 6.
Following: "educators"
Insert: ", or the general public engaged in social work
like activities."

20. Page 5, line 8.
Following: "words "
Insert: "licensed"

21. Page 5, line 9.
Following: "or "
Insert: "licensed"

February 11, 1983

22. Page 5, line 15.

Following: "(c)"

Strike: "activities and services of"

Following: "an"

Strike: "employee of a business establishment"

Insert: "employer from performing social work like activities"

23. Page 5, line 17.

Strike: "the establishment's"

Insert: "his"

24. Page 7, lines 1 and 2.

Strike: "of masters of social work"

25. Page 7, lines 3 and 4.

Following: "in"

Strike: "social work"

Insert: "psychotherapy"

26. Page 9, line 8.

Strike: "master of"

27. Page 9, line 9.

Strike: "work"

Insert: "worker"

28. Page 9, line 11.

Strike: "masters of"

29. Page 9, line 12.

Strike: "work"

Insert: "workers"

30. Page 12, line 11.

Strike: "master of"

31. Page 12, line 12.

Strike: "work"

Insert: "worker"

February 11, 1983

32. Page 13, line 8.

Following: "or"

Strike: "master of"

Insert: "licensed"

Following: "social"

Strike: "work"

Insert: "worker"

33. Page 14, line 9.

Strike: "masters"

34. Page 14, line 10.

Strike: "of"

Following: "social"

Strike: "work"

Insert: "worker or psychologist"

AND AS AMENDED

DO PASS

STATEMENT OF INTENT ATTACHED

February 11,

1983

MR. SPEAKER

Now, YOUR COMMITTEE ON HUMAN SERVICES, HAVING HAD UNDER
CONSIDERATION HOUSE BILL NO. 284, FIRST READING COPY (WHITE),
ATTACH THE FOLLOWING STATEMENT OF INTENT:

STATEMENT OF INTENT
HOUSE BILL NO. 284

Section 4 requires the Board of Social Work Examiners to adopt rules setting professional, practice, and ethical standards for licensed social workers, establishing continuing education requirements, and adopting such other rules as are necessary for the regulation of licensed social workers. The Legislature perceives a need to regulate persons holding themselves out as having a master's degree in social work or using the title of master of social work. Consumers of social worker's services are entitled to adequate regulation of those services in the public interest. It is contemplated that the Board may promulgate rules that:

- (1) protect the public from abuse of the trust placed in social workers;
- (2) regulate the day-to-day practices of licensed social workers;
- (3) ensure a professional attitude and professional work in a professional atmosphere;
- (4) regulate fees charged for services;
- (5) regulate testing devices and methods used by licensed social workers;
- (6) regulate counseling techniques;
- (7) determine the type, amount, and quality of continuing education of licensed social workers; and
- (8) are otherwise necessary to the regulation of the profession.

MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
MONTANA STATE SENATE

MARCH 16, 1983

The meeting of the Public Health, Welfare and Safety Committee was called to order by Chairman Tom Hager on Wednesday, March 16, 1983 in Room 410 of the State Capitol Building.

ROLL CALL: All members were present. Woody Wright, staff attorney was also present.

Many visitors were also in attendance. See attachments.

CONSIDERATION OF YOUR BILL 782: Representative Cal Winslow of House District 65, the chief sponsor of House Bill 782, requested that the Committee table the bill because it is no longer needed.

A motion was made by Senator Hims1 that HB 782 be tabled at the request of the sponsor. Motion carried unanimously.

CONSIDERATION OF HOUSE BILL 284: Representative Cal Winslow of House District 65, the chief sponsor of House Bill 284, gave a brief resume of the bill. This bill is an act to provide for the licensing and regulation of social workers; creating a communications privilege; providing for violations and penalties and allowing disability and health insurance coverage for work done by licensed social workers.

There are between 150 and 200 social workers in Montana which would be affected by this bill. This is a licensing process.

Sharon Hanton, representing the National Association of Social Workers, stood in support of the bill. Persons with Bachelor's Degrees in Social Work and other fields who work primarily in State agencies are not included in this bill. These workers tend to use invironmental change and making the system work to relive individual and family stress. The quality controls in their work are agency policy and supervision.

Dr. Duncan Burford, a psychiatrist, stood in support of the bill. He stated that the Montana Psychiatric Association and

PUBLIC HEALTH
PAGE TWO
MARCH 16, 1983

the Mental Health Committee of the Montana Medical Association voted to support this bill. Professionally trained social workers---along with psychiatrists and psychologists--- are one of the major disciplines in the mental health delivery system. Much of their knowledge and skill in working with individuals, families, and children were developed by social workers. The services of Masters of Social Work is needed if we are to meet the needs of troubled people. Anything that will support social workers, make their services more readily available and reassure the public as to their professional qualifications will help. This bill is a more in the right direction. Dr. Burford turned in written testimony to the Committee for their review. See exhibit 1.

Bill Evans, representing the Counseling Consortium, stood in support of the bill. He offered some letters to the Committee for their consideration. See exhibit 2.

Carol Ferguson, representing herself, stood in support of the bill. Mrs. Ferguson offered written testimony for the record. See exhibit 3.

Addison Carlson, representing himself, stood in support of the bill. He stated that making available the services of those with the Masters of Social Work designation, for counseling services, as a vocered health insurance coverage will allow more people to use those services, rather than forego necessary counseling because of inability to pay.

Gloria Hermanson, representing herself, stood in support of the bill. She told of her own personal experiences with a daughter who has tried to commit suicide on several occasions and her treatment in hospitals and with counselors. Credentialing of social workers and psychotherapists is a necessary protection for the people of this state. Her experiences indicate that without it, we are left defenseless in the face of mental/emotional diversity.

Dr. Steve Wagner, representing the Montana Psychological Association, stood in support of the bill.

Dr. Charles Horejsi, representing the Department of Social Work and the University of Montana, stood in support of the bill. He stated that there is no masters level of social work degree available in Montana. The closest school is in Eastern Washington.

MARCH 16, 1983
PAGE THREE
PUBLIC HEALTH

Andree' Delijdich, representing the National Associal of Social Workers, stood in support of the bill.

J. D. Homes, representing the Montana Chapter of Social Workers, stood in support of the bill. He stated that more people than ever before are needing to use the services of a social worker and the state of Montana is required to see that the best possible help is available.

Bill Leary, representing the Montana Hospital Association, stated that his associaiton is on neutral ground, however, they are concerned with the protection of the people of our state. He suggested that perhaps the bill could be amended on on page 13, and on line 25.

With no further proponents, the chairman called on the opponents.

Jan VanRiper, assistant Bureau Chief with the Division of Workers' Compensation, spoke in opposition to the bill. Under the existing law insurers providing workers compenation coverage are required to pay for services rendered to an injured worker by a variety of health care providers. These include physicians, dentists and chiropractors to name a few. This bill would add social workers to that list of providers. Ms. VanRiper, handed in written testimony to the committee for their review. See exhibit 4.

Alan Kane, representing the Montana Physicians Service stood in opposition to the bill. He stated that this would put social workers under mandatory insurance coverage. In Utah this is now the case that insurance costs have increased rather drastically since the mandatory benefits have become law.

Tom Harrison, representing Blue Cross of Montana, stood in opposition to the bill. He stated that it should be clarified that this is optional coverage. If there would be an amendment offered to clear up that this is optional coverage his organization would not be opposed to the bill.

Lester Losble, ll, representing the American Council of Life Insurance, asked that the bill be amended on page 13, line 8, Strike: "or master of social work". He stated that adding additional coverage would increase the cost of medical insurance.

PAGE FOUR
PUBLIC HEALTH
MARCH 16, 1983

Glen Drake, representing the Health Insurance Association of America, stood in opposition to the bill. The Health Insurance Association is a trade organization of health insurers. One of the concerns of the industry is the problem of skyrocketing health care costs. HB 284, if enacted, will be another cause of further cost increases to the consumer. Health insurance was created to pool resources for the payment of medical bills and costs. By expanding the definition of the types of services that must be included in the offer of insurance, you necessarily increase the cost to all. Social workers, no matter how admirable a group, should not be included under health care provisions. Mr. Drake asked that Section 14 and Section 15 be struck from the bill.

With no further opponents, Representative Winslow closed. He stated that this is not a mandatory insurance. It is a provision of choice. The bill will qualify and license masters of social work.

The meeting was opened to a question and answer period from the Committee.

Senator Norman asked Ms. VanRiper if Workman's Compensation would be satisfied if Section 14 were struck from the bill. She stated that she would be satisfied if this were to be struck from the bill.

Senator Stephens asked if social workers in hospitals are now certified and licensed.

Senator Marbut asked about the confidentiality clause. At the present time the social worker, if called into court they can tell only that part which would be ethical and not effect the ethical standards.

Senator Marbut stated that it appears that a good definition is needed for "psychosocial". Everyone agreed with this.

CONSIDERATION OF HOUSE BILL 708: Representative Joe Quilici of House District 84, the chief sponsor of HB 708, gave a brief resume of the bill. This bill is an act to establish statutory provisions relating to the low-income energy assistance program; to provide that the low-income energy assistance program and the home weatherization program be administered by community nonprofit entities representing one or more of the governor's substate planning districts, and providing for an effective date.

ROLL CALL

PUBLIC HEALTH, WELFARE, SAFETY COMMITTEE

48th LEGISLATIVE SESSION -- 1983

Date 3/14/82

[illegible]

DATE

COMMITTEE ON

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Oppose
Conall Jack	Self	284	✓	
Hylaine J. Lehman	NW MHR	708	✓	
Addison L. Carlson	self	284	✓	
Gloria Hermanson	self	284	✓	
Linda Slitten	legislative intern MMA	284		
Beverly Gibson	MAEO	708	—	
Carl J. Donovan	Montana Coalition Against Poverty	708	✓	
Amiea Burford	self - Psychiatrists	284	✓	
B. W. Evans	Private Practice Group	284	✓	
Carol Peterson	self	284	✓	
Les Loble II	Am. Council of Life Ins.	284	amend	
Louise Ford	State Auditor's Dept	284		
Norma Seiffert	MT Lys Dept	284	—	
Elm Deane	Am. Red Cross	284	amend	
Andrie Beljedisch	NASW - Great Falls	284	✓	
Linda Williams	NA-SW - Billings	284	✓	
J. D. Holmberg	MT Chapter NASW	284	✓	
Stephen C. Wagner	Montana Psych. Assoc.	284	✓	
Rae Jean Long	Mont. Coalition Against Poverty	708	✓	
Mary Lou Garrett	Commerce	284	✓	
" "	"	782		✓
Christy M. Miller	✓	284	✓	
✓	✓	782		✓
Howard Schwartz	Missoula County	708	✓	
Ramie S. Van Riper	Div. of Workers' Comp	284		✓
Mary K. Noonan	Mineral County Comm.	708	✓	

COMMITTEE

VISITORS' REGISTER

DATE _____

(check one)

[illegible]

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

NAME: DUNCAN BURFORD, M.D. DATE: 16 Mar 83

ADDRESS: 1116 No. 29th St.

PHONE: 252-6082

REPRESENTING WHOM? self - Psychiatrists

APPEARING ON WHICH PROPOSAL: House Bill 284

DO YOU: SUPPORT? ☒ AMEND? ☐ OPPOSE? ☐

COMMENTS: Written testimony attached.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

E. J. Hulst 1

I am Dr. Duncan Burford, a Physician and Psychiatrist in Billings, Montana.

I am here to speak in favor of House Bill 284.

I want you to know that the Montana Psychiatric Association and the Mental Health Committee of the Montana Medical Association voted to support this Bill.

Professionally trained Social Workers--along with psychiatrists and psychologists--are one of the major disciplines in the Mental Health Care Delivery system. Much of our knowledge and skill in working with individuals, families, and children were developed by Social Workers. We need the service of our M.S.W.'s if we are to meet the needs of troubled people. Anything that will support ^{social} such workers, make their services more readily available and reassure the public as to their professional qualifications will help. This Bill is a move in this direction.

This is a time in which national political policy has said--government will do less--the private sector must do more. Agencies such as Mental Health Centers find that they must charge higher fees to make ends meet. Social Workers have found that they can offer equal or better service privately than is available through many agencies and at no greater cost. This Bill will help support the availability of this service.

Persons with Bachelor's Degrees in Social Work and other fields who work primarily in State agencies are not included in this Bill. I agree with this. These workers tend to use environmental change and making the system work to relieve individual and family stress. The quality controls in their work are agency policy and supervision.

M.S.W.'s are trained to understand feelings and developmental issues which are internal matters for their clients. They are more likely to work on these issues with their clients. Licensure is needed to say who is trained and qualified for this kind of work.

I urge your support of House Bill 284 and I thank you for your attention.

Exhibit 2

Home Federal Savings

AND LOAN ASSOCIATION

March 4, 1983

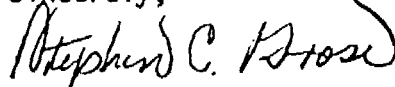
Mr. Bill Evans
Counseling Consortium
555 Fuller Avenue
Helena, Montana 59601

Dear Bill,

I have reviewed with our Board of Directors our posture on the possibility of having mental health care services as an option in designing our health care program for our employees.

We agreed that mental health care, inclusive of Psychiatrists, Psychologists, and Licensed Masters of Social Work as the providers, should be on the "menu" of available choices from which we could design our health care package.

Sincerely,



Stephen C. Grose
President

Home Federal Savings, a Division of
Western Federal Savings of Missoula



321 Fuller Avenue, P. O. Box 1726, Helena, Montana 59624, (406) 442-6142
11th & Montana Avenue, P. O. Box 1726, Helena, Montana 59624 (406) 442-0140
101 Lane Avenue, P. O. Box S, East Helena, Montana 59635 (406) 227-8164
1941 W. Main Street, P. O. Box 1027, Bozeman, Montana 59715 (406) 587-5174



LAWRENCE R. MCEVOY, M.D.
DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE

March 14, 1983

To Whom It May Concern:

I support the concept of licensing social workers with Master's Degrees who practice psychotherapy.

I, myself, have referred patients to such therapists.

Sincerely,


Lawrence R. McEvoy, M.D.

LRM/hkm

January 1981

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HOW TO FIND A...



Psychotherapy has come a long way since 1895, when Freud's first patient reclined on that celebrated couch in Vienna. About 90,000 mental-health specialists, offering more than 250 types of therapy, practice in the U.S. today. They range from traditional Freudians to clergymen with advanced degrees in psychology to innovative therapists who use music and art to unlock emotions.

With so much variety to choose from, the obvious question is: Which kind of therapy is best? That depends on the problem. Behavioral modification may be able to cure in a few months such phobias as the fear of flying. Highly intellectualized psychoanalysis can change deep-seated personality disorders, although it may take several years of expensive, intensive therapy.

For most problems, however, the therapist's precise methods are not the most important thing to look for. One therapist may probe childhood difficulties while another concentrates on day-to-day behavior. But most professionals now practice eclectic treatment, fitting their style somewhat to the needs of the patient. Besides, over the long run, no one method has proved most successful.

The mechanics of treatment are remarkably mundane. You talk; the therapist listens and responds. Usually you sit in chairs facing each other; the couch is reserved for psychoanalysis. Since therapy is the "talking cure," the trust between patient and therapist can be the most critical factor of all. When looking for help, each potential patient must test this personal chemistry for himself.

Unfortunately, some of the most

convincing practitioners are charlatans. Anyone can hang out a shingle as a psychotherapist or counselor, and with a little knowledge and lots of brass can succeed at such an intangible science. Consequently, credentials are critical.

There are five classes of accredited mental-health professionals:

- Psychiatrists are physicians with special training in mental disorders. They should be "board certified" to show that they have passed qualifying examinations. Since they are M.D.s, they can prescribe drugs.
- Psychoanalysts, most (but not all) of whom are also physicians, are trained in free association, a method first practiced by Freud.
- Clinical psychologists have Ph.D.s in psychology. Except in Florida and South Dakota, they must be licensed or certified by their state governments.
- Clinical social workers, who have at least a master's degree, are also often licensed by the state.
- Psychiatric nurses are R.N.s who have taken at least a master's degree in mental-health nursing.

Nurses, social workers and psychologists additionally must have at least two years of experience before entering practice. These professionals are trained to handle most common emotional difficulties. If they can't, they should refer you to someone who can. A therapist with an M.D. is needed to treat such severe illnesses as schizophrenia and manic depression, for which medication and perhaps hospitalization are essential.

To check credentials, first contact the state chapter of the appropriate organization—the American Psychiatric Association, for instance, or the American Nurses Association. A few professionals might not belong to their associations, but it is safer to stick with those who do.

To find a competent therapist, it's best to start by consulting your family doctor. Some symptoms of emotional trouble may be caused by such organic problems as hepatitis or diabetes. And many physical ailments, including ulcers, can be rooted in the emotions. For some of these difficulties, your doctor may be able to counsel you adequately. If you require longer-term or specialized help, a physician is the logical person

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to match you with the right therapist.

Other referral services abound. The state offices of the professional societies give out by phone the names of members who fit a prospective patient's needs. Mental-health associations, community mental-health centers and some local clinics, notably those run by medical schools, also have lists of therapists at the ready. Self-help groups, such as Parents Anonymous (for people who abuse their children) and Theos (for the widowed), are sources for specialists. Many clergymen are experienced in making referrals; some who have taken advanced courses also offer counseling.

90 minutes for \$20

Psychotherapy is expensive, except at clinics that can scale rates according to a patient's pocketbook. A newsletter for professionals, *Psychotherapy Finances*, reports that the national median fee charged by all therapists is \$45, usually for 45 or 50 minutes. For psychiatrists, the median is \$60; for social workers \$40. Once-a-week sessions are typical.

Many therapists and clinics also run group-therapy sessions, in which several patients talk together with a professional for about 90 minutes. The median cost is \$20, but group therapy is often used in conjunction with private sessions. Medical coverage for psychotherapy can vary greatly, so it's advisable to check with your insurer about what's reimbursed before beginning treatment.

When you first meet with a therapist, remember that you are a customer as well as a patient. Ask about his or her credentials, availability and fees. Some therapists will reduce their charges if you are unable to pay the full rate. You should also feel free to get a second consultation at any time. You might even conclude that another therapist might work better with you. Psychotherapy takes time; changing therapists should not be done lightly, but it can be for the best.

Therapy is completed when you both believe it to be. The therapist should gently guide you away from dependence on him or her, so that you feel neither prematurely "cured" nor fearful and uncertain. When agreement comes, the separation should be easy.

—Sarah E. Button

HOUSE BILL 284
SOCIAL WORK FACT SHEET ON LICENSURE

March 1983

WHY SHOULD THE PUBLIC BE PROVIDED THE OPPORTUNITY TO RECEIVE MENTAL HEALTH CARE FROM SOCIAL WORK PROVIDERS?

Social Workers provide psychotherapy services to individuals and groups in a variety of settings including hospitals, out-patient clinics, community mental health centers, health maintenance organizations, private and public agencies, private practice and have been accepted for years by their peers in psychiatry and psychology as co-equal members of the mental health team.

Throughout the country Social Workers provide psychotherapy services to many more patients than either psychiatrists or psychologists. A 1978 survey of mental health manpower, published by NIMH found that 43% of all mental health treatment in federally funded community mental health centers was provided by social workers. (1)

"Reimbursement for services by agencies of the government or by other third party payers should be based upon the services performed and the qualifications and certification of the provider within his/her own discipline. Regulations should not favor one discipline over another when both are qualified by training and experience." (2)

ARE THE SERVICES OF A SOCIAL WORKER COST-EFFECTIVE?

The cost per unit of therapy will be lower when administered by a social worker than by a psychiatrist or psychologist. Median fees vary widely among the three core professions. In 1980 the median fee for an individual therapy session with a psychiatrist was estimated at \$55, psychologist at \$50 and a social worker at \$40. (3)

The cost of providing service is escalated when a monopoly of the services is created by arbitrarily restricting its practice to one profession. The reasons are twofold: First, shortage of the service creates an inflationary influence on the rates being charged and tends to drive up the price due to the law of supply and demand. Second, eliminating competition removes the control of the marketplace over the relationship between cost and effectiveness of service.

Standard Oil Company of California rewrote its insurance (underwritten by Equitable Life) to include social workers after they did a cost/benefit quality/effectiveness study of 5 years experience with an in-house program for employees. (4)

CHAMPUS reports, in its study on reimbursement of Social Workers, that "in applying the difference in fee profiles between social workers and physicians for the various states...an estimated cost avoidance of over \$263,000 is indicated" for the time between October 1, 1981, and March 31, 1982. (5)

DO UTILIZATION RATES INCREASE IF SERVICES OF SOCIAL WORKERS ARE INCLUDED AS REIMBURSABLE?

"This has not been the experience in California or any other state which has passed (equal access legislation.) What does seem to occur is a redistribution of patients from medical doctors to other mental health practitioners." (6)

"any increase in utilization should be offset by cost savings in two directions. First, the cost per unit of treatment would go down, to the extent that patients who must now be treated by a psychiatrist would be free to obtain treatment from a social worker whose hourly rates are significantly lower. And second, there is a substantial body of research literature documenting the inverse relationship between utilization of psychotherapy and utilization of medical and hospital care." (7)

Over 50% of the patients who go to physicians have symptoms due wholly or in part to mental or emotional factors. Blue Cross of Western Pennsylvania instituted psychiatric benefits and found a significant reduction in medical utilization. The cost per patient on a monthly basis was reduced 50%. The University of Washington Health Service Center found a 41% reduction in the use of outpatient medical services by individuals receiving mental health services. The Group Health Association of Washington, D. C., found that patients with mental health coverage reduced their medical surgical utilization by 30.7%. Equitable Life initiated an emotional health program for employees and increased productivity by \$3.00 for every \$1.00 spent. Kimberly-Clark began an Employee Assistance Program and realized a 70% reduction in accidents. These specific facts were researched by the Mental Health Association of Montana.

DO PREMIUM RATES INCREASE IF SERVICES OF SOCIAL WORKERS ARE INCLUDED AS REIMBURSABLE?

In the past some have feared that inclusion of social workers would lead to increases in insurance premiums. There is no evidence that this occurs. Within the past several years, Union Labor Life Insurance Company of New York City, a large underwriter of health policies, made the same provision without an increase in premiums.

Where social workers have been covered, there has been no single instance where premiums have had to be increased because of measureable cost increases.

In 1981, the New York State Insurance Commission reported to the National Association of Social Workers (NASW) that there had been no requests for premium increases from insurance companies in New York State where social workers had been added to the list of health care providers. (8)

DO ANY HEALTH INSURANCE CARRIERS NOW COVER SOCIAL WORKERS?

Federal Employee Health Benefit Plans (FEHBP) that recognize social workers as qualified mental health care providers are: Aetna, Blue Cross and Blue Shield, Alliance Health Benefit Plan, American Postal Workers Union Plan, Mail Handlers Benefit Plan, NAGE Health Benefit Plan, GEJA Benefit Plan, NFFE Health Benefit Plan, NTEU Health Benefit Plan, Postmasters Benefit Plan.

Other government plans: Foreign Services Beneficiaries (Mutual of Omaha), New York - New Jersey Port Authority, Howard Community Health Plan, FBI (Prudential), National Security Agency (Mutual of Omaha), Kaiser-Permanente, Health Insurance Plan of Greater New York.

Other carriers: Banker's Life, Union Labor Life of N.Y.C., Prudential Insurance Company, CHAMPUS, Travelers, Rand Corporation, Poloroid Corporation, Continental Assurance, Connecticut General, Hartford Life Insurance Company, New England Mutual Life, American Heritage, Equitable Life, Guardian Life, John Hancock, Lincoln National, New York Life, Nationwide, Metropolitan Life, Mutual of Omaha, Mutual Benefit, Occidental Life.

SOCIAL WORK FACT SHEET ON LICENSURE

FOOTNOTES

1. National Institute of Mental Health, Division of Biometry and Epidemiology: Staffing of Mental Health Facilities (Draft Report): 32 (1974), 1978.
2. President's commission on Health: II Report to the President: 1978, p. 483
3. Psychotherapy Finances: (1980 Survey Report": Vol. 7, No. 6, 1980
4. Reeb, Arvil C., Jr., MSSW; "A Background Paper on Proposed Legislation Which Would Allow Consumers Access Under Health Insurance Plans to an Additional Class of Mental Health Professional, The Clinical Social Worker"; unpublished, p. 5.
5. CHAMPUS Report to the Assistant Secretary of Defense for Health Affairs; "Report on the Experimental Study on Reimbursement of Clinical Social Workers, October 1, 1981 Through March 31, 1982; unpublished.
6. Reeb; op. cit.
7. Roderick, Glenn, MSW; "Statement Before the House Ways and Means Committee, Cleveland, Ohio"; May 6, 1977, p. 6.
8. Evans, James, Jr., Clinical Social Work Chairman, National Federation of Social Workers, Washington, D. C.; a personal communication, August, 1982.

WRITTEN TESTIMONY FOR HOUSE BILL 284

I am an educated individual who holds a responsible job in state government. I have been employed by the state for seven years. My professional standing would be jeopardized by providing you public testimony. Consequently, I am only comfortable with providing you these comments in written form.

I want to commend you and all of the legislators for supporting this type of responsible legislation. Although I know the Bill's sponsors personally, I am reluctant to discuss it with them. There are countless others employed throughout state government that are likewise reluctant to testify in public concerning the merits of this bill.

I would like to provide written testimony FOR House Bill 284. It is my understanding that this Bill could open the door for my state employees health insurance coverage to include payment to Social Workers with a Masters Degree.

In November of 1982 I sought help for the personal problem of alcoholism. I called the head of an alcohol education program when I made the decision to seek help. He referred me to the Counseling Consortium here in Helena. I have been under treatment by a qualified Social Worker who holds a Masters Degree in his field of training. His knowledge and expertise has been quite adequate for the type of counseling that my condition requires. His rates have been reasonable; however, my expenses have been accumulating at the rate of nearly \$200 per month. I will be paying for this treatment for several years at this rate. Unfortunately my state employees health insurance will not cover any of this treatment. The services of a qualified Social Worker are considerably less expensive than residential treatment or the fees that would be charged by a doctor who could provide no better services than a social worker.

I urge you to cast a vote in favor of this Bill, as I would urge all of your fellow legislators.

Signed: One anonymous state employee representing a single voice speaking for the sentiments of many.

NAME: Carol D. Ingerson DATE: 3/16/83

ADDRESS: P.O. Box 16, Nancy MT, 59654

PHONE: 935 4346

REPRESENTING WHOM? Sf

APPEARING ON WHICH PROPOSAL: HB284

DO YOU: SUPPORT? X AMEND? _____ OPPOSE? _____

COMMENTS: See attached testimony

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

March 16, 1983

TESTIMONY IN SUPPORT OF HB284

For the record, my name is Carol Ferguson. I am a state employee but I am testifying today on my own time and on my own behalf -- and on behalf of my children. I'd like to make just a few points, separately, and then draw them together for you.

First, a friend of mine who is a medical doctor here in Helena says that he feels most of his patients' illnesses result from or are aggravated by severe stress. He also says that most of his patients are -- or were -- state employees. The State can be a very stressful place to work, especially for capable and conscientious persons.

Second, there are a large number of single parents in Helena. Whatever the cause, a person doesn't become a single parent without stress and, however good and loved one's children are, one doesn't survive being a parent, particularly a single parent, without stress. I have been raising four children by myself since they were 2, 4, 6, and just turned 9 years old. I have also been working full time for the State since they were 2, 4, 6 and just turned 9 years old. As with any family, there have been some tough times. There have been some overwhelmingly tough times when all the crises both at home and at work seem to erupt at once. One copes as well as possible with what one can and -- if one is to survive and to care responsibly for one's family -- one learns to turn, as appropriate, to a friend, a minister, a pediatrician, or a professional counsellor to say,

"This is what's happening. This is what I've tried to do. I don't know what else to try. Can you help?"

My children are healthy, generally happy people. They are warm, compassionate, loving and very capable people. I want to help them to continue to grow that way. I want us to learn as individuals and as a family to deal with pain without being consumed by it or by the anger or fear it generates.

The State is sponsoring a "Wellness" program to promote the maintenance of good health among State employees. This is intended to reduce absenteeism and costly loss of experience through staff turnover; it is intended to improve productivity. Employees are encouraged to eat nutritious foods, avoid harmful substances, exercise regularly, and learn to deal with stress. Wonderful -- and one constructive way of dealing with potentially overwhelming stress is to seek professional help before the breaking point is reached.

However, there is a problem, a built-in irony: the State's insurance policies will cover part of the cost of services of a pediatrician or a dentist, but the insurance will not cover the cost of services of a professional counsellor whose degree is in social work, however experienced and capable that person may be. To me that is nonsense. For an individual, a couple or a family in pain it is inexcusable and very expensive nonsense. The excuse offered by insurance companies and consequently by the State for their failure to include coverage for counselling services provided by social work professionals is that these professionals are not licensed in Montana.

In many other states they are licensed and are included in insurance coverage, as they should be in Montana and as they could be under HB284.

These professionals' services are needed; they are used; they are beneficial; and they should be reimbursable through insurance as are the services of other health care professionals in the State.

I would urge your support of HB284.

Thank you.

Carol L. Ferguson

NAME: Liddison L. Carlson

DATE: 3.16.83

ADDRESS: 770 Alotsiff Rd. Helena, MT

PHONE: (h) 442-4166 (w) 443-0851

REPRESENTING WHOM? self

APPEARING ON WHICH PROPOSAL: HB 2841

DO YOU: SUPPORT? ☒ AMEND? ☐ OPPOSE? ☐

COMMENTS: Making available the services of those with
the MSW designation, for counseling services, as a
covered health insurance coverage will allow more
people to use those services, rather than forego necessary
counseling because of inability to pay.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME:

Gloria Newman

DATE:

3-12-83

ADDRESS:

528 Stuart #3

PHONE:

443-7726

REPRESENTING WHOM?

Self

APPEARING ON WHICH PROPOSAL:

B 260

DO YOU:

SUPPORT?

AMEND?

OPPOSE?

COMMENTS:

Elimination of civil liberties and
psychotropic is a necessary
protection for the people of this
state. This experience indicates that
without us, we are left defenseless
in the face of mental institutions
insecurity.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: CHARLES HORETSI, Ph D DATE: _____

ADDRESS: 3028 QUEEN, MISSOULA

PHONE: 549-7203 243-2841

DEPT OF SOCIAL WORK
UNIV OF MONTANA

APPEARING ON WHICH PROPOSAL: HB 284

DO YOU: SUPPORT? AMEND? OPPOSE?

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

Exhibit 4



**DIVISION OF
WORKERS'
COMPENSATION**



TED SCHWINDEN, GOVERNOR

815 FRONT STREET

STATE OF MONTANA

HELENA, MONTANA 59604

TESTIMONY BY JAN VANRIPER ON HOUSE BILL 284, BEFORE THE SENATE PUBLIC HEALTH
COMMITTEE, MARCH 15, 1983.

I am Jan VanRiper, Assistant Bureau Chief with the Division of Workers' Compensation, speaking in opposition to House Bill 284 which proposes to amend Section 33-22-111 allowing disability and health insurance coverage for work done by social workers.

Under the existing law insurers providing workers' compensation coverage are required to pay for services rendered to an injured worker by a variety of health care providers. These include physicians, dentists and chiropractors to name a few. This bill would add "social workers" to that list of providers.

It is obvious that each time required services are added to insurance coverage the cost of that coverage potentially goes up. As drafted and amended, this bill causes the Division concern that a rise in premiums may be necessitated. Although there have been some amendments, the definition of the services to be rendered is still quite broad (perhaps necessarily so due to the nature of the profession). We see still that, for example, one of the services to be provided is designed to "help people achieve more adequate satisfying and productive social adjustments".

The Division's concern here is perhaps best explained by use of an illustration. Consider a typical work-related injury, namely a broken leg.

Division Telephones:

Administration
406-449-2047

Insurance Compliance
406-449-3721

Safety & Health
406-449-3402

When workers suffer a broken leg on the job, it is relatively easy to determine that the leg was caused by a work-related situation, and it is additionally relatively easy to determine what the appropriate treatment is, and when the treatment has been successful (healing has occurred). On the other hand, how does one answer these very same questions when referring to the kinds of "injuries" the social worker is to treat? How does one determine whether the "injury" arose out of the employment? How does one determine what the proper treatment is for the work-related injury if it is emotional or psychological? And finally, how does one determine when the treatment period has ended and healing has occurred?

The Division wishes to remind this committee that some "social work" is already addressed specifically in the Workers' Compensation Act in Section 39-71-1001, MCA. That section provides for referral of certain disabled workers to the Rehabilitative Services Division of SRS. Employers in this state, through their workers' compensation, are currently paying approximately \$380,000 annually for this service. Such costs would potentially be duplicated if this bill passes.

In summary, the Division is concerned that this proposed amendment to Section 33-22-111 is inappropriate with respect to workers' compensation coverage, and threatens to raise the costs of workers' compensation premiums for Montana employers. The Division of Workers' Compensation urges that you do not pass the third-party payor portions of this bill.

NAME: Alan F. Cain DATE: 3/16/83

ADDRESS: BOX 4309 Helena

PHONE: 442-5450

REPRESENTING WHOM? MPS

APPEARING ON WHICH PROPOSAL: HB 299

DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? ☒

COMMENTS: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY..

NAME: Tom Harrison DATE: 3/16/83

ADDRESS: 2225 Eleventh Ave

PHONE: 442-6350

REPRESENTING WHOM? Blue Cross

APPEARING ON WHICH PROPOSAL: NB 284

DO YOU: SUPPORT? AMEND? OPPOSE? ✓

COMMENTS: It should be clarified
that this is optional
coverage

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: LESTER H. LOGUE, II DATE: 3/16/83

ADDRESS: POB 176 Helena MT 59624

PHONE: 4420070

REPRESENTING WHOM? American Council of Life Insurance

APPEARING ON WHICH PROPOSAL: HRS 285

DO YOU: SUPPORT? _____ AMEND? L OPPOSE? _____

COMMENTS: On page 13, line 8,
delete: "or master of social work"

Adding additional practitioners not subject to a
physician's direction would increase the cost of
medical insurance.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

STATEMENT OF GLEN L. DRAKE
IN BEHALF OF THE HEALTH INSURANCE ASSOCIATION
OF AMERICA IN OPPOSITION TO H.B. 284

The Health Insurance Association of America is a trade organization of Health Insurers.

One of the concerns of the industry is the problem of skyrocketing health care costs.

H.B. 284, if enacted, will be another cause of further cost increases to the consumer.

Health insurance was created to pool resources for the payment of medical bills and costs. By expanding the definition of the types of services that must be included in the offer of insurance, you necessarily increase the cost to all.

Social workers, no matter how admirable a group, should not be included under health care provisions.

We, therefore, urge you to strike Section 14 and Section 15 from the bill.

✱ Page 14, line 5, following the word "hospitals." Insert the sentence
"Employers holding their own licenses for provision of health care
services shall not be required to employ licensed social workers as a
result of the adoption of this act."

HB 284

Presented by
William E. Leary
Montana Hospital Assn.

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DISPOSITION OF HOUSE BILL 728:

A motion was made by Senator Norman that the bill be amended on page 2, following, line, 16; to add a new section 3, the severability clause. Motion carried with all voting "yes" except Senator Christiaens who abstained.

A motion was made by Senator Marbut that the bill be amended on page 2, lines 7 through 10. A misdemeanor punishable by a fine of not more than \$500 is to be amended into the bill. Senator Marbut stated that this would allow the counties to get some action. Motion carried.

Senator Hims1 told of some of the problems in his area.

Senator Marbut stated that he is concerned with the local landowners and how this bill would affect them. A motion was made by Senator Marbut that the bill be amended with a new Section 5 to add flexibility for the landowners.

Senator Christiaens stated that he felt that the flexibility for the landowners would be hard to enforce.

Senator Marbut's motion failed with everyone voting "no" except Senator Marbut.

A motion was made by Senator Marbut that HB 728 BE CONCURRED IN as amended. Motion carried. Senator Marbut will carry this bill on the floor.

DISPOSITION OF HOUSE BILL 792: This bill introduced by Representative Winslow is an act to allow emergency admissions to the state hospital from a local facility that does not have available space to detain a person who appears to be seriously mentally ill, and providing an immediate effective date.

A motion was made by Senator Marbut that HB 792 be amended on page 1, line 23, strike: "as provided in subsection (3) or". Motion carried.

A motion was made by Senator Hims1 that HB 792 BE CONCURRED IN as amended. Motion carried. Senator Hims1 will carry this bill on the floor of the Senate.

DISCUSSION OF HOUSE BILL 284: This bill sponsored by Representative Cal Winslow is an act to license social workers.

PUBLIC HEALTH
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Representative Winslow stated that the insurance is not mandatory that it is completely optional.

A motion was made by Senator Norman that the bill be amended on page 13, line 19 that the new language be stricken.

Representative Winslow stated that a nurse specialist is a nurse with two more years of special training.

A Roll Call Vote was taken on the amendment of Senator Norman. Motion carried. See exhibit 3.

Senator Marbut read the amendments presented by the Montana Hospital Association and they were discussed.

Woody stated that perhaps the proposed amendments should be a separate section in the bill.

A motion was made by Senator Christiaens that HB 284 BE CONCURRED IN as amended.

Motion was withdrawn.

A subcommittee was appointed by Chairman Hager to consist of Senator Hager, Senator Marbut and Senator Christiaens.

ANNOUNCEMENTS: The next meeting of the Public Health, Welfare and Safety Committee will be held on Tuesday, March 22, 1983 in Room 415 of the State Capitol Building to consider House Bill 445.

ADJOURN: With no further business the meeting was adjourned.



SENATOR TOM HAGER, CHAIRMAN

ROLL CALL

PUBLIC HEALTH, WELFARE, SAFETY COMMITTEE

48th LEGISLATIVE SESSION -- 1983

Date 3/21/83

[illegible]

HB 284

ANSWERS TO QUESTIONS STATE LEGISLATORS ASK ABOUT SOCIAL WORK LICENSING

A RESPONSE TO QUESTIONS PROPOSED BY THE
COUNCIL OF STATE GOVERNMENTS IN
OCCUPATIONAL LICENSING:
QUESTIONS A LEGISLATOR SHOULD ASK.

FOR FURTHER INFORMATION CONTACT:
SHARON HANTON, MSW
EXECUTIVE DIRECTOR
MONTANA CHAPTER
NATIONAL ASSOCIATION OF SOCIAL WORKERS
20 HODGMAN CANYON
BOZEMAN, MT. 59715
(406) 586-9500

National Association of Social Workers
1425 H Street, N.W.
Washington, D.C. 20008

If you have questions contact Lobbyist, J. D. Holmes.

SENATE COMMITTEE PUBLIC HEALTH, WELFARE, AND SAFETY

Date MARCH 21, 1983 HOUSE Bill No. 284 Time 1:45

NAME	YES	NO
SENATOR TOM HAGER	✓	
SENATOR REED MARBUT	✓	
SENATOR MATT HIMSL	✓	
SENATOR STAN STEPHENS	✓	
SENATOR CHRIS CHRISTIAENS		✓
SENATOR JUDY JACOBSON		✓
SENATOR BILL NORMAN	✓	

Clair Graves
Secretary

Tom Hager
Chairman

Motion: A motion was made by Senator Norman that the bill
be amended on page 13, line 19 to strike the new language.

Motion carried.

(include enough information on motion—put with yellow copy of committee report.)

PUBLIC HEALTH
PAGE FOUR
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Senator Jacobson stated that she feels the bill is very necessary. She stated that she would like to see this handled somewhere other than the welfare office.

Senator Hims1 stated that Great Falls has had problems with this program in the past.

Senator Christiaens stated that this problems has since been cleared up.

Senator Stephens stated that the HRDC's have worked well in his area.

A Roll Call Vote was taken on the motion of Senator Hims1. Motion failed. See exhibits.

Woody address that amendments offered by Beverly Gibson of the Montana Association of Counties and Representative Quillici.

Senator Norman stated that SRS feels that the program is going well at the present time.

Senator Marbut moved that the bill be amended on page 2, line, 20 to strike: "priority", and insert: "special consideration". Motion carried.

A motion was made by Senator Jacobson that House Bill 708 BE CONCURRED IN as amended. Motion failed. See exhibits.

The chairman asked if the vote could be reverse for the record. Everyone felt that this would be fine.

CONSIDERATION OF HOUSE BILL 284: This bill has to do with the licensing of social workers.

Woody explained the proposed amendments as they were drawn up by the subcommittee.

Senator Marbut stated that he is concerned with the confidentiality.

A motion was made by Senator Hims1 that HB 284 BE NOT CONCURRED IN.

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A substitute motion was made by Senator Marbut that the bill be amended as per the proposed amendments of the subcommittee. Motion carried with all senators voting "yes" except Senator Hims1 who voted "no".

A motion was made by Senator Hims1 that HB 284 BE NOT CONCURRED IN as amended. Motion carried. See Roll Call Vote Sheet with the exhibits.

DISPOSITION OF HOUSE BILL 663: This bill introduced by Representative Esther Bengtson is an act to grant the Department of Social and Rehabilitation Services authority to administer the state plan on aging to coordinate services to the aged, and to establish or redesignate planning and services areas, and providing an immediate effective date.

Senator Stephens stated that he feels that a grandfather clause is needed for this bill.

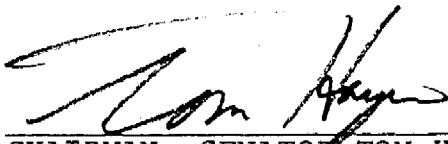
A motion was made by Senator Marbut that the bill be amended on page 2, line 22 adding the words "more than 12". He moved that the statement of intent also be amended to change the wording to correspond with the wording in the bill. Motion carried.

A motion was made by Senator Jacobson that the bill be amended on page 3, lines 1 through 6 to strike subsection 4. Motion carried.

A motion was made by Senator Christiaens that HB 663 BE CONCURRED IN as amended. Motion carried unanimously. Senator Christiaens will carry this bill on the floor of the Senate.

ANNOUNCEMENTS: The next meeting of the Public Health, Welfare and Safety Committee will be held on Thursday, March 24, 1983 in Room 415 to take action on House Bill 445.

ADJOURN: With no further business the meeting was adjourned.


CHAIRMAN, SENATOR TOM HAGER

ROLL CALL

PUBLIC HEALTH, WELFARE, SAFETY COMMITTEE

48th LEGISLATIVE SESSION -- 1983.

Date 3/23/8

[illegible]

PROPOSED AMENDMENTS TO HB 284

1. Page 3,
Following: line 13.
Insert: "psycho-social" means

Renumber: subsequent subsections

2. Page 3, line 21.
Strike: "but not limited to"

3. Page 4, lines 10 and 11.
Strike: "(1) recommend amendments to [Sections 2 through 13]
to the govenor or the legislature, or both;"
Insert: ", Subject to 37-1-101, examine qualified applicants,
issue licenses to qualified applicants that meet the require-
ments of [this act], and renew licenses under the provisions
of [this act]."

4. Page 7, line 6.
Strike: "or members of an allied profession"
Insert: ", psychiatrists, psychologists, or psychiatric
nurses"

SENATE COMMITTEE PUBLIC HEALTH, WELFARE, AND SAFETY

Date MARCH 23, 1983 HOUSE Bill No. 284 Time 1:55

NAME	YES	NO
SENATOR TOM HAGER	✓	
SENATOR REED MARBUT		✓
SENATOR MATT HIMSL	✓	
SENATOR STAN STEPHENS	✓	
SENATOR CHRIS CHRISTIAENS		✓
SENATOR JUDY JACOBSON		✓
SENATOR BILL NORMAN	✓	

James Gausley
Secretary

Tom Hager
Chairman

Motion: A motion was made by Senator Himsl that HB 284

BE NOT CONCURRED IN, Motion carried.

(include enough information on motion--put with yellow copy of committee report.)

STANDING COMMITTEE REPORT

.....MARCH 23,..... 19 83.....

MP. **PRESIDENT:**.....

We, your committee on.....**PUBLIC HEALTH, WELFARE AND SAFETY**.....

having had under consideration.....**HOUSE**..... Bill No. **284**.....

WINSLOW (HAGER)

Respectfully report as follows: That.....**HOUSE**..... Bill No. **284**.....

blue copy be amended as follows:

1. Title, line 14.

Strike: "SECTIONS"

Insert: "SECTION"

2. Title, line 15.

Strike: "33-22-111 AND"

3. Page 3, line 21.

Strike: "but not limited to"

4. Page 4, lines 10 and 11.

Strike: "(1) recommend amendments to [Sections 2 through 13]
to the governor or the legislature, or both;"

Insert: ", subject to 37-1-101, examine qualified applicants,
issue licenses to qualified applicants that meet the require-
ments of [this act], and renew licenses under the provisions
of [this act]."

XXXX
DO PASS

.....**CONTINUED**.....

H.C.

5. Page 7, line 6.

Strike: "or members of an allied profession"

Insert: ", psychiatrists, psychologists, or psychiatric
nurses"

6. Page 13, line 9.

Strike: Section 14 in its entirety

Renumber: Subsequent sections

And, as so amended,
BE NOT CONCURRED IN

MC